WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1936 9

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1697

1. PLACE OF DEATH
County Jackson — Registration District No. 404
Township Washington — Primary Registration District No. 5558
City Hickman Mills — 116th & Highway 71 St. ..... Ward)

File No. .....
Registered No. 6

2. FULL NAME Wilbur H Smith

(a) Residence, No. ..... St., ... Ward. Des Moines Ia
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Years 26 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Moines Ia DATE 1-21, 1936

19. UNDERTAKER (ADDRESS): Luddeth-Buchanan

20. FILED Jan 21, 1936 Fred R Lindsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5P ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide	
Gas poisoning	

Other contributory causes of importance: NO

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury occurred 1/19/36
Where did injury occur? Jackson County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Farm Barn
Manner of injury Carbon Monoxide gas
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... , M. D.
(Address) .....

186M-3-28-35