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.

MAY 25 1936

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

Do not use this space.

16479

1. PLACE OF DEATH
County Putnam — Registration District No. 718 — File No.
Township — Primary Registration District No. 6430 — Registered No. 16
City Unionville (No. , St. Ward)

2. FULL NAME William Smith

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Bell Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1864

7. AGE YEARS 71 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Putnam Co Mo

FATHER
13. NAME Benjamin Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Jane Chapman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pen[illegible]

17. INFORMANT (ADDRESS) Clara Smith Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Thompson DATE April 6 1936

19. UNDERTAKER (ADDRESS) [illegible] Hersted & Son Unionville Mo

20. FILED April 9 1936 N W Gillam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to April 4, 1936
I last saw him alive on March 30, 1936. Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1936
	Apr 4
9562	

Other contributory causes of importance:
Chronic Cardio Renal Disease — ?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Unionville, Mo.