NOV 17 1936

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

Do not use this space.

36682

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. ..... St. ..... Ward)
Registration District No. 73
Primary Registration District No. 3006
File No.
Registered No. 280

2. FULL NAME William R. Smith
(a) Residence, No. 814 N. 8th St. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1880
7. AGE Years 56 Months 3 Days 2 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. & Grocery Truck Driver
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) Kentucky

FATHER
13. NAME Charles G. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Marion Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Robt. Smith Route 6 Columbia, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Cedar DATE 10-18, 1936
19. UNDERTAKER (ADDRESS) Parker Furniture Co Columbia, Mo
20. FILED 10/19/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1934 to 10-17-, 1936
I last saw him alive on 10-16-, 1936 Death is said to have occurred on the date stated above, at 12:30 m. A. M.
The principal cause of death and related causes of importance were as follows:
Intestinal Flu. Date of onset 10-9-36

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Other contributory causes of importance:
Diabetes 1-14-34

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. R. Dysart, M. D.
(Address) Columbia Mo.

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.

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