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.

APR 26 1937

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

Do not use this space.

File No. 13056

Registered No. 18

1. PLACE OF DEATH
County: Polk
Township: Marion
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 701
Primary Registration District No. 5930

2. FULL NAME: William Hurst 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 3 1860

7. AGE: Years 76 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Ky

FATHER
13. NAME: William J. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virg

MOTHER
15. MAIDEN NAME: Warrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Emry Smith Bolivar

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olive DATE: Mch 2 1937

19. UNDERTAKER (ADDRESS): Hutchison Bros Bolivar

20. FILED 3-1 1937 J. T. Koontz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1937, to March 1 1937
I last saw him alive on March 1 1937. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
"Cancer in Abdomen"	
# Intestines #	

Other contributory causes of importance: Chronic Interstitial Nephritis.

Name of operation: — Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? —

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? —
If so, specify —
(Signed) M. L. Dunlap M.D.
(Address) Bolivar, Mo.

Z. W. M.