

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.

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone ² Registration District No. 73
Township Columbia ¹ Primary Registration District No. 5112
City Route 6 (No. Route 6) St. Ward

File No. 33636
Registered No. 220

2. FULL NAME

Edgar Matthew Smith

(a) Residence, No. Route 6 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 Lena Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-6-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Centralia, Mo.

13. NAME Ben Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Missouri

15. MAIDEN NAME Lillie Winsett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Missouri

17. INFORMANT (ADDRESS) Woodrow Smith, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 9-9-1937

19. UNDERTAKER (ADDRESS) Parke Furniture Co., Columbia, Mo.

20. FILED 9/17/37 1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7-1937

22. HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to Aug 27 1937
I last saw him alive on Aug 27 1937. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchiectasis and Valvular Heart Disease
Date of onset 920

Other contributory causes of importance: chronic asthma of a long time

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? 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) F. B. Williamson, M. D.
(Address) Columbia Mo.

