

OCT 18 1937

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

Do not use this space.

33912

1. PLACE OF DEATH

County Cass
Township Doland
City..... (No. St. Ward)

Registration District No. 153
Primary Registration District No. 5217

File No.
Registered No. 10

2. FULL NAME WILLIAM CLARK SMITH

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Louise Smith

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937, to October 2, 1937

I last saw him alive on October 2, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1874

to have occurred on the date stated above, at 10:40 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 1

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

Aortic stenosis
Arterial hypertension

Date of onset
?
?

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) October 1937 11. Total time (years) spent in this occupation 15

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Ill

13. NAME James Smith

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

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

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)

15. MAIDEN NAME Sarah Ann Ramsey

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT wife (ADDRESS) peculiar, No.

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE Lincoln Ill. DATE Oct. 4, 1937

19. UNDERTAKER Geo. F. Myers (ADDRESS) Cleveland, Mo.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify W.A. Moore (Signed) W.A. Moore, M. D.

20. FILED 10-4 1937 Pearl Suddarth Registrar.

(Address) Cleveland, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

