DEC 16 1937

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

Do not use this space.

File No. 40947
Registered No. 63

1. PLACE OF DEATH
County: Cedar — Registration District No. 163
Township: — Primary Registration District No. 4095
City: Eldorado Springs, ... St. ..... Ward)

2. FULL NAME William L. Smith

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Bettie A. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	6	0	

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. Retired (25 years)
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) Mo

FATHER
13. NAME Cyrus Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary E. Musick
(ADDRESS) Joplin, Mo. St. Truman Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 11-30 1937

19. UNDERTAKER Gurym-Sides
(ADDRESS) Eldorado Springs, Mo

20. FILED 11-29 1937 J. H. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:4 ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death from Natural Causes	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) M. A. Thurman Crow M.D.
(Address) Eldorado Springs, Mo

N. B.—Every item of information should be carefully supplied. Age should be given in years, months and days. Occupation should be given in such terms as will show the kind of work done. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.