

JAN 25 1938

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

Do not use this space.

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File No. 46867
Registered No. 53

1. PLACE OF DEATH
99 County Scotland Registration District No. 810
2 Township Jefferson Primary Registration District No. 4488
2 City Manchester (No.) St. Ward)
2. FULL NAME George W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Fizzie Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Illinois
13. NAME William F. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
15. MAIDEN NAME Elizabeth Caraway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
17. INFORMANT (ADDRESS) Mary A. Foster
Manchester Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bushnell DATE Dec 9 1937
19. UNDERTAKER (ADDRESS) Geo. W. Basket
Manchester Mo
20. FILED Dec. 13, 1937 C. C. Cooper

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1937
HEREBY CERTIFY, That I attended deceased from Dec 4, 1937 to Dec 8, 1937
I last saw him alive on Dec 8, 1937 Death is said to have occurred on the date stated above, at 9 A. M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 12-4
Other contributory causes of importance:
108
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) W. E. Alexander, M. D.
(Address) Manchester Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. No other information should be given unless it is necessary to explain the cause of death. PHYSICIANS should state if any disease or condition was present.

