

REC'D AUG 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Bales  
City (Near) Pacific (No. 5011)

Registration District No. 293  
Primary Registration District No. 5411  
4177

File No. 25265  
Registered No. 5011

2. FULL NAME

(a) Residence, No. William H. Smith  
(Usual place of abode) Pacific MoSt. Ward. 5011

Length of residence in city or town where death occurred 41 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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 Mrs. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3-1856

7. AGE YEARS 81 MONTHS 8 DAYS 16  
If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Railroad

10. Date deceased last worked at this occupation (month and year) Jan. 1914  
11. Total time (years) spent in this occupation 34

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

13. NAME Andrew Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Mrs. Longmacker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Wm. H. Smith Pacific, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo DATE 8/21/36

19. UNDERTAKER (ADDRESS) Exp. 2 Thebes Pacific, Mo

20. FILED 8-20-1938 Mary Cross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 7-10-1938, to 8-6-1938

I last saw him alive on 8-6-1938. Death is said to have occurred on the date stated above, at 4:30 pm.

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

Senile Dementia Eyes

Other contributory causes of importance: 167

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? No  
If so, specify \_\_\_\_\_  
(Signed) A. W. May, M. D.

(Address) Pacific, Mo

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.

