

REC'D MAR 23 1939

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

7521
Do not use this space.

1. PLACE OF DEATH

(a) County PLATTE Registration District No. 693
(b) Township EDGERTON Primary Registration District No. 4415 Registered No. _____
(c) City EDGERTON (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GILES GILBERT SMITH
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Carrie Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-71

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Tingley Iowa

13. NAME Mordecai Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbian Co. Ohio

15. MAIDEN NAME Elizabeth P. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Co. Illinois

17. INFORMANT (ADDRESS) Mrs. J. G. Smith Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartville, Mo. DATE 1/31/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Vivian Rollins Nash Edgerton Mo.

20. FILED 2/9/39 Vivian Rollins Nash Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-39

22. I HEREBY CERTIFY That I attended deceased from March 11, 1938 to January 29, 1939
I last saw him alive on January 29, 1939. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

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? no
If so, specify _____
(Signed) Walter S. Wood, M. D.
(Address) Edgerton, 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.

RECEIVED

District Health Officer No. 111

District File Number 39-122

Date Filed MAR 10 1930

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Virian Collins Hast

Registered Apprentice No.

working under my personal supervision.

Signed *Virian Collins Hast*.....

Licensed Embalmer No. 3947

P. O. Address Edgerton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.