

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26691  
Do not use this space.

AUG 7 1939

1. PLACE OF DEATH  
 (a) County St. Clair Registration District No. 762  
 (b) Township Collins Primary Registration District No. 6003  
 (c) City ..... (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 530 WILLIAM THOMAS 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 Larina Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25, 1867  
 7. AGE YEARS 72 MONTHS 4 DAYS 3 If LESS than 1 day, .... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Collins (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Berry Smith  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) .....  
 MOTHER 15. MAIDEN NAME Susan A Hall  
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) .....  
 17. INFORMANT Larina Smith (ADDRESS) .....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holsapple Co DATE July 30 1939  
 19. FUNERAL DIRECTOR (NAME) Paul Forester (ADDRESS) Collins Mo  
 20. FILED Aug 4 1939 Mrs C. A. Landaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1939  
 22. I HEREBY CERTIFY That I attended deceased from July 9 1939, to July 28 1939  
 I last saw him alive on July 28 1939. Death is said to have occurred on the date stated above, at 4 P.M.  
 The principal cause of death and related causes of importance were as follows:  
cardiac insufficiency  
 Date of onset  
 Other contributory causes of importance: 95 lbs  
 Name of operation x Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No.  
 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) Dr. E. D. Brown D.O.  
 (Address) Collins 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 FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 2/7/89

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**