

FB 21 1940

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

3358  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Phelps 1 Registration District No. 677  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4403 Registered No. 4  
 (c) City Rolla 0 (d) Street No. W. Earlend Hospital St. \_\_\_\_\_  
 (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.  
 5.30  
 2. PRINT FULL NAME William Anderson G. Smith  
 (a) Residence, No. Francis Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvira Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86 7 3  
 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) (STATE OR COUNTRY) Green County Missouri 0  
 FATHER 13. NAME Unknown 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9  
 MOTHER 15. MAIDEN NAME Unknown 1  
 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Barney Smith  
 (ADDRESS) Dixon Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Pisgah DATE 1-7 1940  
 19. FUNERAL DIRECTOR (NAME) Fred H Gilbert  
 (ADDRESS) Dixon, Mo.  
 20. FILED Jan. 7 1940 Joe. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1940  
 22. I HEREBY CERTIFY That I attended deceased from April 27 1939 to Jan 6 1940  
 I last saw him alive on Jan 15 1940. Death is said to have occurred on the date stated above, at 2:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Peristaltic  
 137  
 Other contributory causes of importance: Paralysis of old age  
 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. H. McFarlane M. D.  
 (Address) Rolla 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.

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.

RECEIVED

District Health Officer No. 5

District File Number 240237

Date Filed 3/6/40

Signed Fred W Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon 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.