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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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

Do not use this space.

File No. 7292

Registered No.

1. PLACE OF DEATH

County McDonald — Registration District No. 315

Township Prairie — Primary Registration District No. 4311

City Southwest City (No. ..., ... St. ..... Ward)

2. FULL NAME Daniel Boone Smith

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Celia J Bishop Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	82	2	25	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) One Year

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washongton County Arkansas

FATHER

13. NAME David Tucker Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Jane Trollinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Calla Hammock
(ADDRESS) Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL Cemetery
PLACE Southwest Cirt DATE June 16th 1937

19. UNDERTAKER Nichols Brothers
(ADDRESS) Southwest City Mo

20. FILED June 16th/1937 John J. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1935, to June 15, 1937

I last saw ~~him~~ alive on June 14, 1937 Death is said to have occurred on the date stated above, at 9.30 A. M.

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

	Date of onset
Prostatism	
Cystitis	
Pyelonephritis	
Uremia	

Other contributory causes of importance:

Senility

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) R. L. Warnock, M. D.

(Address) Southwest City Mo