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.

FILED MAR 19 1941

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

Do not use this space.

11635

1. PLACE OF DEATH
County Pettis Registration District No. 665 File No. 666
Township Sedalia Primary Registration District No. 3032 Registered No. 65
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME William H. Smith

(a) Residence, No. 1214 S Mass St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. COLOR OR RACE: white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Elida Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1866

7. AGE — YEARS: 74 | MONTHS: | DAYS: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad shops
10. Date deceased last worked at this occupation (month and year): 1921 11. Total time (years) spent in this occupation: 15

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

FATHER

13. NAME: Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Smithton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton Mo. DATE Feb. 17 1941

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia

20. FILED Feb 17, 1941 Mrs. Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 15, 1941

I HEREBY CERTIFY, That I attended deceased from January 27, 1941, to February 15, 1941
I last saw him alive on February 15, 1941. Death is said to have occurred on the date stated above, at 8P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3 days

Other contributory causes of importance: Cardio-vascular renal syndrome — Several years

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19.....
Where did injury occur? No injury
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
No injury
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. B. Taylor M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-13-41