

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.

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

Do not use this space.

FEB 18 1937

2366

1. PLACE OF DEATH

County New Madrid Registration District No. 604
 Township New Madrid Primary Registration District No. 5802
 City Wardell (No. 1) St. Wardell Ward no

2. FULL NAME William Smith

(a) Residence, No. Wardell, Mo St. Wardell Ward no
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvina Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1
 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) Braggocdia
 (STATE OR COUNTRY) Missouri

13. NAME Lely Smith
 14. BIRTHPLACE (CITY OR TOWN) Reelfoot
 (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Lena Hastings
 16. BIRTHPLACE (CITY OR TOWN) Humbolt
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Alvina Smith
 (ADDRESS) Wardell, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wardell DATE Feb. 6 1937

19. UNDERTAKER Richards Undertaking, Co.
 (ADDRESS) New Madrid, Mo

20. FILED 2/11 1937 Wm O. Bannan (Address) new Madrid Mo
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 Pm.
 The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:

Name of operation _____ 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? Accident Date of injury Jan 30 19 37
 Where did injury occur? New Madrid county
 (Specify city or town, county, add State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Barge sank with men
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Walter J. ...
 (Address) new Madrid Mo

