

REC'D MAY 18 1939

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

14693
 Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3015 Registered No. 54
 (c) City Boonville (d) Street No. St. Joseph Hospital 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 William Henry 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) Widowed.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Smith.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad employe
 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) Howard Co., Mo.

FATHER 13. NAME Geo. F. Smith.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

MOTHER 15. MAIDEN NAME Beth Ann Andrews.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.

17. INFORMANT (ADDRESS) Turner Y. Robinson, Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL " " PLACE Walnut Grove DATE April 29th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Boller Boonville, Mo.

20. FILED 5-1 19 39 D. Hooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to April 27, 1939

I last saw him alive on April 27, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Pyelo-hepatitis

Date of onset
1938

Other contributory causes of importance:

Hypertrophy of Prostate

1937

Name of operation none Date of _____
 What test confirmed diagnosis? Jaundice 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) W. Hooper, M. D.

197 (Address) Boonville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/18/39

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 J. J. Roller
Licensed Embalmer No. 3062
P. O. Address Boonville, 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.