

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

33794
Do not use this space.

1939 OCT 13 1939

1. PLACE OF DEATH
 (a) County Washington Registration District No. 689
 (b) Township Patasi Primary Registration District No. 6179 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 George Washington Smith
 (a) Residence, No. Patasi 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NANCY DOWMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 27, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>67</u>		<u>8</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. TIMBER
 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) Patasi, MISSOURI

FATHER
 13. NAME John Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GEORGIA

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1939, to Sept 6, 1939
 I last saw him alive on Sept 2, 1939. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Nephritis
Chronic

Other contributory causes of importance:
12/1

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. W. Gibson, M. D.
 (Address) Patasi, Mo.

17. INFORMANT (ADDRESS) Wesley Smith
Patasi, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Patasi, Mo DATE Sept 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo P. Henckel
FRONTON, MISSOURI

20. FILED Oct 1, 1939 G. Creswell
 Local Registrar.

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.