FEB 20 1928 156

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

Do not use this space. 236

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph (No. State Hospital #2 St. Ward)
File No.
Registered No. 42

2. FULL NAME: Ralph J. Smalley
(a) Residence. No. St., Ward. Weston, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/23/1890
7. AGE: 37 YEARS, 3 MONTHS, 16 DAYS. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Musician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Wm B Smalley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Anna Lober
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
14. INFORMANT: State Hosp #2
(Address) St. Joseph
15. FILED JAN 12 1928, 19 John G. Utz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/9/28 19
17. I HEREBY CERTIFY, That I attended deceased from 8/11/28, 19, to 1/9/28, 19, that I last saw alive on 1/9/28, 19, and that death occurred, on the date stated above, at 2 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paresis
83
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J H Pomeroy, M. D
1/9/28, 19 (Address) State Hosp #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Weston, Mo.
DATE OF BURIAL: Jan, 13, 1928
20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

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

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.