

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

Do not use this space

3892

**1. PLACE OF DEATH**

County Webster  
Township E. Hallis  
City (No. ....) St. .... Ward

Registration District No. 898  
Primary Registration District No. 6204

File No. ....  
Registered No. 6

**2. FULL NAME**

Martha Ellen Smallin

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF J. A. Smallin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4 May 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
55 8 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) 1964  
(c) Name of employer 1975

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co

10. NAME OF FATHER Emil F. Seroggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Green

12. MAIDEN NAME OF MOTHER Margaret R. Waddell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Green Co

14. INFORMANT M. N. Seroggs  
(Address) Carthage, Mo

15. FILED 1-24, 1930 John W. Good REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22nd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10<sup>th</sup>, 1930, to Jan. 10<sup>th</sup>, 1930, that I last saw her alive on Jan. 10<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 8:15 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Concussion of brain following a fall on the ice she fell while carrying two buckets of water and struck the base of her skull

CONTRIBUTORY (SECONDARY) (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Paul C. Yehaw, M.D., M.D.

(Address) Raymore, Mo.

\*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

DATE OF BURIAL

Pleasant Hill

1-24 1930

20. UNDERTAKER

ADDRESS

E. F. Starr

Fordland

N. B.—Every item of information on CAUSE OF DEATH in plain terms, and classified. Exact statement of OCCUPATION is very important.

0 1930

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1930

State of New York  
County of ...

IN SENATE  
January 10, 1900

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 10, 1899

ALBANY: J.B. LIPPINCOTT COMPANY, PRINTERS  
1900



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