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

Do not use this space.
19669

1. PLACE OF DEATH

County..... Registration District No. 701

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. City Hospital 2 St. ..... Ward)

File No. .....
Registered No. 5644

2. FULL NAME Laura Smalley

(a) Residence. No. 3149 Sheridan St. 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-26-1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	20		16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Levy Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Hunt 244
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTY) Fla

PARENTS
10. NAME OF FATHER Levy Smalley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY) Fla
12. MAIDEN NAME OF MOTHER Mamie Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY) Fla

14. INFORMANT A. Gertrude Creath
(Address) City Hos. #21

15. MAY 16 1931 FILED ....19.... Max C. Tarlton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/11 1931 to 5/12 1931 that I last saw h. alive on 5/12 1931, and that death occurred, on the date stated above, at 4:50 a.m.

23 A THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 3 (duration) ....yrs. 3 mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Henry E. Hampton, M. D.
5/12, 1931 (Address) City Hosp. #21

*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 Washington Park — DATE OF BURIAL 5/16 1931

20. UNDERTAKER Peoples Und. Co. — ADDRESS 3100 Franklin

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.