

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

Do not use this space.

13728

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 775-
 Township Perry Primary Registration District No. 6020
 City Bone Cave Hospital No. _____ St. _____ Ward _____

2. FULL NAME Alonzo Polk Smaller
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs Alonzo P. Smaller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2nd 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 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) Madison Co Mo

MOTHER 13. NAME Mathew Smaller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Martha Millsap

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Mrs Thelma Clark
 (ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL Stone Hill Cemetery
 PLACE near Salem, Mo. DATE 4-12 1932

19. UNDERTAKER Baldwell Bue
 (ADDRESS) Flat River, Mo.

20. FILED 4/12 1932 T. A. Son
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a.m.

The principal cause of death and related causes of importance were as follows:
from wounds recd. in an Automobile Collision on April 9th 1932 on Highway #32 that miles south of Ebrios, Mo.
2106

Other contributory causes of importance:
211M
(Verdict of Jury.)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? N.P.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 4-9 1932

Where did injury occur? Highway 32 South of Ebrios Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public place

Manner of injury crushed about auto accident
 Nature of injury various wounds etc.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) R. B. Pister Coronel M. D.
 (Address) Desloge Mo.

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.

WHITE COPY, WITH FADING INK—THIS IS A PERMANENT RECORD

MAY 28 1932

