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.

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

Do not use this space.
22803

1. PLACE OF DEATH
County: Jackson — Registration District No.: 8 9 — File No.:
Township: Blue — Primary Registration District No.: 1 0 0 — Registered No.:
City: Kansas City, Mo (No.: Leader Industrial Hospital St. ; Ward)

2. FULL NAME: Wm O. Smallwood
(a) Residence, No.: 819 Monroe St., 10 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. Nora Smallwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-27-1869

7. AGE: Years 62 — Months 9 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House 69
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): Kentucky

FATHER
13. NAME: Wm Smallwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Ellie Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): L.I.P. Hospital Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington DATE: July 12, 1932

19. UNDERTAKER (ADDRESS): Mrs. L. L. Tobler 916 Brooklyn

20. FILED: 7/11, 1932 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-10-1932, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/30, 19, to 7/10/32, 19
I last saw him alive on 7/10/32, 19. Death is said to have occurred on the date stated above, at 1:15 P.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis 8/17/30
Intermittent Larynx
2-3 M
Other contributory causes of importance:
(1)
Name of operation: None Date of
What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify:
(Signed) Wm O. Bozeman M. D.
(Address) 816 Independence

Professional V.-9224