

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.

NOV 23 1932

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

Do not use this space.

31912

1. PLACE OF DEATH
 36 County Franklin Registration District No. 293
 Township Boles Primary Registration District No. 5411
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Empley Smalley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 33

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 11 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3/5
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 12 3/4

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie Mo
 13. NAME Leo Oronundes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie
 15. MAIDEN NAME Lenora Clark
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie

17. INFORMANT (ADDRESS) Lenora Clark Labadie
 18. BURIAL, CREMATION, OR REMOVAL PLACE Labadie Mo DATE 10/20, 1932
 19. UNDERTAKER (ADDRESS) Jno. A. Thacker 800 Pacific
 20. FILED Oct 18, 1932, W. B. M. J. J. Registrar.

2 **MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw her alive on Oct 17, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Accident By
Fire Arm By her own hands and Carcass
 Date of onset _____

Other contributory causes of importance: 171
Stomach Left Breast and heart causing Hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? Identical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Oct 17, 1932
 Where did injury occur? at home Labadie Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury In home
 Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Thos. P. Shaffer Coroner
 (Address) Sullivan Mo

