

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

Do not use this space.

41910

**1. PLACE OF DEATH**

County ..... Registration District No. *15007*  
 Township ..... Primary Registration District No. ....  
 City *St. Louis* (No. *2410 E. Grand Blvd*) ..... St. .... Ward .....

File No. ....  
 Registered No. *11000*  
 St. .... Ward .....

**2. FULL NAME**

*James E. Smallwood*  
 (a) Residence, No. *2110 E. Grand Blvd* ..... Ward .....

(Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary E. Smallwood</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 13, 1843</i>		
7. AGE	YEARS <i>89</i>	MONTHS <i>5</i>
	DAYS <i>29</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shoe worker</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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)  
*Kansas*

FATHER 13. NAME  
*James Smallwood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Kansas*

MOTHER 15. MAIDEN NAME  
*Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Kansas*

17. INFORMANT (ADDRESS)  
*Grover Smallwood*

18. BURIAL, CREMATION OR REMOVAL  
*Richmond High*

PLACE *St. Peter* DATE *Dec 14 1932*

19. UNDERTAKER (ADDRESS)  
*Louis H. Bopp*

20. FILED *DEC 12 1932* 19 *1932*

*Max C. Parker*  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 12 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 26 1931* to *Dec 12 1932*  
 I last saw him alive on *Dec 7 1932* Death is said to have occurred on the date stated above, at *6:30a.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis*  
*93c*  
 Other contributory causes of importance:  
*93c*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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 .....  
 Nature of injury ..... *(D)*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *Nemy C. Westerman* M. D.  
 (Signed)

(Address) *2136 E. Grand Blvd*

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.

