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.

File No. 42044
Registered No. 11167

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1002~~
Township ..... Primary Registration District No. .....
City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Lee Smallwood

(a) Residence, No. 3118 N. 11th St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1899.

7. AGE: YEARS 33 | MONTHS 7 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 58 Unknown
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Missouri

FATHER
13. NAME William Smallwood ~~Unknown~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Missouri

MOTHER
15. MAIDEN NAME Julia Ferrel ~~Unknown~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Missouri

17. INFORMANT (ADDRESS) B. Margulois M. D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL VIENNA, MO
PLACE Hutchison Cemetery DATE Dec 18th 1932

19. UNDERTAKER (ADDRESS) Edward Kocher 3576 N 14th St

20. FILED DEC 16 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1932, to Dec. 15th, 1932
I last saw him alive on December 15th, 1932. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7/7/32
23A (Far Advanced)	

Other contributory causes of importance: 23

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Benj. Margulois, M. D.
(Address) % City Sanitarium 5400 Arsenal St