

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

Do not use this space.

1702

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 1005
 City Kansas City (No. Memorah Hospital)
 File No. _____ Registered No. 439
 St. _____ Ward _____

2. FULL NAME Mrs. Nelle Crowley Smallman

(a) Residence, No. Ambassador Hotel St. 5 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 58 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jno. Smallman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29th 1874</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>6</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
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) <u>Kansas City Missouri</u>		
13. NAME <u>V. F. Crowley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>M. McMahan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Vincent Crowley</u> (ADDRESS) <u>3417 Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McMinnville Tenn.</u> DATE <u>1/26/33</u>		
19. UNDERTAKER <u>V. F. Mayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>Jan 26</u> 19 <u>33</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/33 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1929 to Jan 25, 1933
 I last saw her alive on Jan 25, 1933 Death is said to have occurred on the date stated above, at 9.10A m.
 The principal cause of death and related causes of importance were as follows:
Lobar Cerebral meningitis
Lymphatic Leukemia
 Date of onset _____

Other contributory causes of importance:
Lymphatic Leukemia

23. Name of operation no treatment Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify _____
 (Signed) Frank J. [Signature], M. D.
 (Address) 1010 Medical Bldg
182 Ave

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.

RECORD WITH CHARGES INVOLVED IN THIS IS A PERMANENT RECORD

570
Medical Laboratory

Va 4540

No 6007

1440 Brookwood Rd