Bruce

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

Do not use this space.

23820

File No. 204

Registered No.

1. PLACE OF DEATH

County: Cole — Registration District No. 213

Township: — Primary Registration District No. 3014

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME: John Monroe Smallwood

(a) Residence: No. 200½ Broadway St. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Margaret Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 2 - 1858

7. AGE: Years 76 | Months 4 | Days 14 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

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): Boone Co Mo

FATHER

13. NAME: Jno Smallwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

MOTHER

15. MAIDEN NAME: Celia Ann Hazel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Lena Rupert Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Wilton DATE: 7/18 ..., 19

19. UNDERTAKER (ADDRESS): Lawson & Lawson Jefferson City Mo

20. FILED 7/20/, 1934 — D. B. Goodman, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to July 16, 1934, I last saw him alive on July 12, 1934. Death is said to have occurred on the date stated above, at 8 a.m.

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| Other contributory causes of importance: | |
| arteriosclerosis | |

Name of operation: — Date of: —

What test confirmed diagnosis? — 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

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

If so, specify

(Signed) E. Bruce, M. D.

(Address) Jefferson City Mo

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.

WRITE PLAINLY, WITH UNFADING INK.

AUG 10 1934