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

OCT 17 1935

Do not use this space.

28877

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton (No. ..., St. ..., Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 200

2. FULL NAME Mrs. Frances Ann Smallwood

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): — — 1870

7. AGE: Years 65 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

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.
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): Missouri

FATHER
13. NAME: Isaac Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ken

MOTHER
15. MAIDEN NAME: Susan Jane Galbreath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Susie Smallwood
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL: Old Richland Cemetery DATE Sept 23 35

19. UNDERTAKER: Elis Bell
(ADDRESS) Fulton, Mo

20. FILED Sept 21, 1935 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 — 35

22. I HEREBY CERTIFY, That I attended deceased from Sept-18, 1935, to Sept 20, 1935
I last saw her alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 11:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia (Left.)	

Other contributory causes of importance:
Cerebral Hemorrhage
Hemiplegia (Left)

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? X 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. M. A. Richardson, M. D.
(Address) Fulton Mo