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

NOV 19 1935

Do not use this space.

32112

File No.

Registered No. 29

1. PLACE OF DEATH
County: Carroll
Township: Ridgely
City: ~~[illegible]~~ (No. St. Ward)
Registration District No. 134
Primary Registration District No. 5186

2. FULL NAME: Charley W. Smalley

(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: 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: Maggie Smalley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12 - 1866

7. AGE: Years 69 | Months 0 | Days 9 | 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.:
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): Ford Co Ill

FATHER
13. NAME: Forest Smalley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Hallene Podlay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York N.Y.

17. INFORMANT (ADDRESS): Mrs Charly Smalley Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Belton Mo DATE: Oct 23, 35

19. UNDERTAKER (ADDRESS): David J Edwards Bosworth

20. FILED: Oct 22, 1935 Mrs. Boss Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Oct 20, 1935
I last saw him alive on Oct 20, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Chronic	

Other contributory causes of importance:

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) Boss Brown, M. D.
(Address) Bosworth Mo