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.

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Ferguson Town
City S. Kirkwood
Registration District No. 333
Primary Registration District No. 4468
(No. Monroe & Scudder Ave., St. Ward)

File No. 32187
Registered No. 178

2. FULL NAME Susin Smallwood
(a) Residence, No. Monroe & Scudder 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

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

7. AGE: Abt. YEARS 96 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. Housework
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): Manchester Missouri

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

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Delia Barney Monroe & Sudder

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 8/29/36, 19

19. UNDERTAKER (ADDRESS): W. S. Wade Und. Co., 4202 Finney Ave.

20. FILED 8/29 1936 W. A. Zeitler Registrar.
Per C Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Aug 26, 1936
I last saw him alive on Aug 25, 1936. Death is said to have occurred on the date stated above, at 2:05 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis about a½ year or 6 months ago

Date of onset

Other contributory causes of importance: Gastritis 93 c
Sunlago

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) W R Arthur, M. D.
(Address) Lex at Scott S. Kirkwood Mo