

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Kaw Primary Registration District No. 100
City Kansas City (No. 908 E. 11th) 2

File No. 18974
Registered No. 2100
St. _____ Ward _____

2. FULL NAME William H. Smallwood

(a) Residence, No. 908 E. 11th St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida May Smallwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 2 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Architect
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) Unknown
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fred C. Hare
(ADDRESS) 908 E. 11th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Wash. DATE May 14, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) _____

20. FILED May 11 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 9, 1937.
I last saw him alive on May 9, 1937. Death is said to have occurred on the date stated above, at 1:40 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset
May 9
1937

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?
If so, specify _____
(Signed) C. H. Elder, M. D.
(Address) 926 E. 11th St. Mo.

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Argyle Bldg.

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