FILED FEB 6 1942

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

Do not use this space.

File No. 4095

Registered No. 211

**1. PLACE OF DEATH**

County Webster — Registration District No. 898

Township E. Dallis — Primary Registration District No. 6204

City Marshfield, Mo. (No. ..... St. ..... Ward)

**2. FULL NAME** Quincy Adams Smallin

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

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Smallin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1852

7. AGE: Years 84 | Months 8 | Days 22 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER

13. NAME Unknewn ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Roy Smallin, Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plesant Hill DATE Oct 29 19.6

19. UNDERTAKER (ADDRESS) Rex Rainey, Marshfield, Mo.

20. FILED 11-4 19.6 Lester W. Good Registrar.

a. m. b.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 , 196

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 19.36, to Jan 30 19.36

I last saw h. alive on Jan 30 19.36 Death is said to have occurred on the date stated above, at 7.9 m.

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

Pulmonary hemorrhage — Date of onset

50

Other contributory causes of importance: Carcinoma of heart and prostate

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? .....

If so, specify .....

(Signed) J. W. Bruce M. D.

(Address) Marshfield 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—THIS IS A PERMANENT RECORD

MARGIN RE... FOR BINDING

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