

JUL 11 1939

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

23474
Do not use this space.

1. PLACE OF DEATH **Texas**
 (a) County **Piney** Registration District No. **863**
 (b) Township **Piney** Primary Registration District No. **6137** Registered No. **20**
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Ethel Louise Smallwood**
Houston Mo. R. R. #1
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thurman Smallwood**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 3d, 1901**
 7. AGE YEARS **37** MONTHS **6** DAYS **23** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House wife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **House hold work**
 10. Date deceased last worked at this occupation (month and year) **June 15th.** 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Cedar Grove Mo. Shannon Co.**

FATHER 13. NAME **James Kell**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Nannie Street**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Thurman Smallwood Houston Mo. Rural Rout # 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Allen Cemetary** DATE **June 29th, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **G. V. Elliott Houston Mo.**

20. FILED **June 26, 1939** **Mabel Shadbill** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 26, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **JAN 10, 1939**, to **JUNE 26, 1939**
 I last saw her alive on **JUNE 26, 1939**. Death is said to have occurred on the date stated above, at **8 P. M.**
 The principal cause of death and related causes of importance were as follows:

ECLAMPSIA OF PREGNANCY.
HYPERTENSION.

Other contributory causes of importance: **146**
 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) **L. G. Bellman, M.D.**
 (Address) **Houston 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.

MISSOURI DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL RECORDS

REC-107-1487

JUL 28 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Taylor W. Elliott*
_____ 2252

Licensed Embalmer No. _____
Houston Mo.

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.