

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

Do not use this space.

30226

1. PLACE OF DEATH

County Saline  
Township Cambridge  
City (No. . . . .) (No. . . . .) St. . . . . Ward)

Registration District No. 794  
Primary Registration District No. 8037A

File No. . . . .  
Registered No. 16

2. FULL NAME Mrs. Emma Spreitzer

(a) Residence, No. . . . . St. . . . . Ward. . . . .  
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF Joe Spreitzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . . . hrs. or . . . . . min.  
71 4 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Glasgow Mo.

FATHER  
13. NAME Gottheid Sautter

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

MOTHER  
15. MAIDEN NAME Louise unknown

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

17. INFORMANT (ADDRESS) Mrs. August Reich

18. BURIAL, CREMATION, OR REMOVAL  
PLACE All Saints Cemetery DATE Aug 3 1931

19. UNDERTAKER (ADDRESS) Vandiver & Audley Glasgow Mo.

20. FILED Aug 2 1931 J. D. [Signature] Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1931 to 8-1-1931

I last saw her alive on 8-1-1931 Death is said to have occurred on the date stated above, at 10 P. m.

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

Chronic Valvular Heart Disease

Date of onset

8.12.1931

Other contributory causes of importance:

Name of operation . . . . . Date of . . . . .  
What test confirmed diagnosis? Chronic 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) W. B. Hiteker, M. D.  
(Address) Glasgow, Mo.

SEP 28 1931

