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

Do not use this space.
12672a

1. PLACE OF DEATH
County Randolph
Township
City Moberly Mo (No. Wabash Hospital St. 2nd Ward)
Registration District No. 735
Primary Registration District No. 3934
File No.
Registered No. 95

2. FULL NAME James H. Spalding
(a) Residence. No. 5948 Lucille Ave St., Ward. St. Louis, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Katherine Spalding (nee Bikay)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 30, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	3	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Crossing Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Clark Spalding
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Shields
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Katherine Spaulding
(Address) 5948 Lucille Ave St Louis

15. FILED 5/2 1927 Geo. S. Flemming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1927

17. I HEREBY CERTIFY, That I attended deceased from April 26 1927, to April 28 1927 that I last saw h. alive on April 28 1927, and that death occurred, on the date stated above, at 9:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A 88
102 8 (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Internal Hypertension
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Louis, Mo.
O. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
5/2 1927 (Signed) L. E. Fuller M. D
(Address) Moberly Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary, St Louis Mo
DATE OF BURIAL May 4 1927
20. UNDERTAKER Walsh Hermann & Son
ADDRESS 4108 W. Florissant Ave

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.