

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

Do not use this space.

30230

1. PLACE OF DEATH

County Jackson
Township Jackson
City Independence (No.)

Registration District No. 378
Primary Registration District No. 3819

File No.
Registered No. 272 St. Ward

2. FULL NAME

(a) Residence, No. 914 So. McRee St. Ward.
(Usual place of abode)

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. (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)

Married

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

O. A. High

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

Oct 7-1870

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
57	0	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

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

Carroll County Missouri

10. NAME OF FATHER

Rudolph Spotts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Carroll Missouri

12. MAIDEN NAME OF MOTHER

Mattie Gault

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

unknown

14.

INFORMANT (Address) O. A. High Independence, Mo.

15.

FILED Oct 27 1927 F. D. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25 1927

17. I HEREBY CERTIFY, That I attended deceased from ap 1926, to Oct 25 1927 that I last saw him alive on Oct 25 1927, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

924 Valvula Heart Disease
POW (duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. E. Hickenson, M. D.
Oct 25 1927 (Address) Independence 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 DATE OF BURIAL

Woodlawn Cem 10-27-27
20. URBERTAKER ADDRESS
Carrollton 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.

