FEB 28 1928

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

Do not use this space.

Bohl 2091

1. PLACE OF DEATH
County Pettis
Township Sedalia
City Sedalia (No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 5889
File No. .....
Registered No. 35

2. FULL NAME Regina Spaits
(a) Residence. No. ..... St., ... Ward. .....
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14-1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	4	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 131
(b) General nature of industry, business, or establishment in which employed (or employer) 93c
(c) Name of employer. 99

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

PARENTS
10. NAME OF FATHER Phillip Pitzkam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Walter Spaits
(Address) Sedalia Mo

15. FILED 1-31, 1928 J. G. Love
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1928, to Jan 30, 1928, that I last saw her alive on Jan 30, 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
Chronic Myocarditis
Chronic (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Interstitial nephritis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129 N
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) C. Bohling, M. D
Jan 31, 1928 (Address) Sedalia 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 Smithton Mo
DATE OF BURIAL Feb 1 1928

20. UNDERTAKER Gillespie
ADDRESS Sedalia

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.