PR 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No. 7948

Township — Primary Registration District No. 1001 — Registered No. 397

City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Helen Rachael Spindle.

(a) Residence. No. 916 Edmond Street. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Jack Spindle.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18, 1908.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
20	2	9	

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER George Zurcher.

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

12. MAIDEN NAME OF MOTHER Anna Esterbrook.

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

14. INFORMANT Mrs Anna Patridge. (Address) 916 Edmond Street.

15. FILED MAR 29 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-27, 1928, to 3-27, 1928, that I last saw her alive on 3-27, 1928, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Obstruction

35 B

139 B

122 B (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Double Pyosalpinx with Tubo-ovarian Abscess — Neisser (duration) yrs. mos. ds. Several

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Omaha, Neb.

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? 2-27-1928 & 3-22-1926

WHAT TEST CONFIRMED DIAGNOSIS? Operation Laboratory & Clinical Symptoms

(Signed) Carl Potter, M.D.

3/29, 1928 (Address) 731 Faram.

*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: Mt Olivet Cemetery — DATE OF BURIAL: Mar 30 1928

20. UNDERTAKER: H. O. Sidnefadue — ADDRESS: 1802 Union St

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.

S-7948

Was this a puer-
peral case?

No Caryl Potter
Dr. Potter.

S-7948

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 397
City: St. Joseph (No. ; St. Ward)

2. FULL NAME: Helen Rachael Spindle

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18-1908

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

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

9. [illegible] PLACE (CITY OR TOWN)
[illegible] OR COUNTRY)

PARENT

[illegible] OF FATHER

[illegible] PLACE OF FATHER (CITY OR TOWN)
[illegible] ATE OR COUNTRY)

12. [illegible] EN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 5/14/28 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 19 28

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw h. alive on , 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Intestinal Obstruction
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Double pyosalpinx with tubo ovarian abscess - Neisser
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

1183

N. B. CAUSE [illegible] WITH UNFADI[illegible] [illegible]uld be carefully sup[illegible] so that it may be [illegible] [illegible]uld state [illegible] important. [illegible] UPA[illegible]ICI[illegible]ON is [illegible]

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COM[illegible]LETE AS PRESCRIBED BY LAW

S-7948