

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

Do not use this space.

11826

1. PLACE OF DEATH

County Saline Registration District No. 796 File No. _____
Township _____ Primary Registration District No. 3038 Registered No. 66
City Marshall, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

J. Paris Alley Spicer
(a) Residence. No. State Hospital 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-4-1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work non-few grade job
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mason, Mo.
(STATE OR COUNTRY) Mason Co.

10. NAME OF FATHER Howard R. Spicer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Viola, Ill.
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Emma V. Hendren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Bethany, Mo.

14. INFORMANT Hospital Records
(Address) Marshall, Mo.

15. FILED 4-5-28 Mrs. John H. McQuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 16, 1928, to Mar 31, 1928, that I last saw her alive on 3-31, 1928, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
34 00
102 00 (duration) yrs. mos. ds. 4
CONTRIBUTORY Secondary Syphilis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Smear
(Signed) H. K. Payne, M. D.
3-31, 1928 (Address) State School Marshall 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 Redgway Mo DATE OF BURIAL Apr 2 1928

20. UNDERTAKER Campbell ADDRESS Marshall Mo

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.

