

MAY 29 1928

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

Do not use this space.

12686

1. PLACE OF DEATH

County..... *Cole*
Township..... *Clark*
City..... (No.) St. Ward

Registration District No. *212*
Primary Registration District No. *5292*

File No.
Registered No. *2*

2. FULL NAME

Martha Sue Spalding
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

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)

May 10 - 1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*1**11*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Eugene Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Ford Spalding

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cole Co. Mo.

12. MAIDEN NAME OF MOTHER

Opal Bruce

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miller Co. Mo.

PARENTS

14.

INFORMANT (Address)

James H. Bruce Eugene Mo.

15.

FILE

*April 27 1928**J. H. Glover*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 10 1928*

17.

I HEREBY CERTIFY, That I attended deceased from *April 10 1928*, to *April 10 1928*, that I last saw her alive on *April 10 1928*, and that death occurred, on the date stated above, at *4-10 1928*.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phrenitis.

CONTRIBUTORY (SECONDARY)

70 B

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).....

J. Lee Glover

M. D.

April 11 1928 (Address) Eugene 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

*Eugene Cemetery**April 11 1928*

20. UNDERTAKER

ADDRESS

*Emil Schell Eugene Mo**Eugene Mo*

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.

