Do not use this space.

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

17954

1. PLACE OF DEATH
County NodaWay
Township Green
City ..... (No. Earl ..... St. ..... Ward)
Registration District No. 628
Primary Registration District No. 6830
File No. .....
Registered No. 109

2. FULL NAME James Lincoln Spangler
(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 M
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) April 22, 1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	1	0	

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

9. BIRTHPLACE (CITY OR TOWN) Burlington Jct.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Tobias Spangler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mable Shipley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Burlington Jct. Mo.

14. INFORMANT Tobias Spangler
(Address) Quitman, Mo.

15. FILED 5/23 1928 J. E. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1928, to May 22, 1928, that I last saw him alive on May 22, 1928, and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
23A
13A
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis
Sputum neg. (duration) 2 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) W. M. Hindman, M. D
May 29, 1928 (Address) Burlington Jct., 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burlington Jct. Mo.
DATE OF BURIAL 5/23/28 19

20. UNDERTAKER [signature] Burl. Jct. Mo.
ADDRESS

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.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*, (*a*) *Salesman*, (*b*) *Grocery*, (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ———— (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Broncho-pneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

JEFFERSON CITY, MISSOURI

JAMES STEWART, M. D.
State Health Commissioner.

TUBERCULOSIS EXAMINATION

James L. Patient's Name Earl Spangler

Dr. W. M. Hiedman
Physician's Name

Burlington Jct. MISSOURI.
Physician's Address

This is: A first specimen ☐. A repeat specimen ☒. Check which.

If you wish telegraphic report at your expense, check here and mail specimen at letter rates. ☐

Physician to fill in above this line.

Day No. 4 Date received MAY 7 1928

Serial No. 975 Date reported MAY 7 1928

YOUR REPORT IS INDICATED BY CHECK MARK

Tubercle Bacilli FOUND	Tubercle Bacilli NOT FOUND	Second Specimen Requested
	✓	

Remarks.....

R. L. LAYBOURN,
Chief of Laboratories.

Lab. 20 10M-3-27 X10957

A RELIABLE LABORATORY REPORT DEPENDS PRIMARILY UPON CARE IN THE COLLECTION AND SHIPMENT OF THE SPECIMEN

DIRECTIONS FOR COLLECTING SPUTUM SPECIMENS

1. The first sputum raised in the morning is more likely to show the presence of the tubercle bacillus than specimens collected later in the day.

2. Endeavor to obtain specimen from the lungs and not saliva from the mouth and throat.

3. Do not fill the bottle more than two-thirds full.

4. DO NOT EMPTY THE CARBOLIC ACID OUT OF THE SPUTUM BOTTLE. If it has leaked out, fill the bottle about one-third full of 5% carbolic acid before collecting the specimen.

POSTAGE RATES REQUIRED ON SPECIMENS

Specimens may be mailed at fourth class or parcel-post rates, if only the information called for on the opposite side of this blank is given. If a telegram is requested, or additional information placed on the blank, letter postage will be required.

INTERPRETATION OF REPORT

1. The tubercle bacillus is found in the sputum only when the patient has an "open lesion." A single negative report, therefore, means nothing. Specimens should be examined at frequent intervals over a considerable period of time before any weight can be placed on negative findings.

2. The number of tubercle bacilli found in the sputum is not considered a reliable index of the condition of the patient and is not reported.

3. The finding of the tubercle bacillus in the sputum, coupled with a positive clinical picture, may be considered to constitute a diagnosis of the disease.

4. In cases in which the nature of the sputum is such as to suggest the possibility of tuberculosis, the laboratories will request a second specimen.

THE STATE BOARD OF HEALTH LABORATORIES ARE MAINTAINED FOR YOUR ASSISTANCE IN THE DIAGNOSIS OF COMMUNICABLE DISEASES

S-17954