SEP 25 1928

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

Do not use this space.

File No. 27130

Registered No. .....

1. PLACE OF DEATH

County: Howard

Township: Glasgow

City: Glasgow (No. ..... St. ..... Ward)

Registration District No. 379

Primary Registration District No. 4223

2. FULL NAME Clory E. Spires

(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 15 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: Richard Francis Spires

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 3 - 1856

7. AGE: Years 72 | Months 5 | Days 14 | 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): House wife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Miller County
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Abraham Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Eliza Jane Golden

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

14. INFORMANT: Lillie Morris
(Address) Glasgow Mo

15. FILED 8-19 1928 C H Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1928, to Aug 14, 1928, that I last saw him alive on Aug 14, 1928, and that death occurred, on the date stated above, at 3:45 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentary
12 C

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) .....
(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) W. O. Harrisinson, M. D
8-15-1928 (Address) Roanoke 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: Washington Cemetary
DATE OF BURIAL: Aug 16 1928

20. UNDERTAKER: Tony Hillen
ADDRESS: Glasgow Mo

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.