

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

Do not use this space.

28254

SEP 27 1928

1. PLACE OF DEATH
 County Way Registration District No. 740
 Township Hardin Primary Registration District No. 4442
 City Hardin (No. _____) St. _____ (Ward) _____
 2. FULL NAME Minty Spears
 (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 Female
 4. COLOR OR RACE Black
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND'S (OR) WIFE'S
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25th 1883
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 8 3
 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) Maryland
 (STATE OR COUNTRY)
 10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) 11
 12. MAIDEN NAME OF MOTHER _____
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) 11

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1928
 17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1928, to Aug 28, 1928, that I last saw him alive on Aug 28, 1928, and that death occurred, on the date stated above, at 8:30 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
740
 (duration) _____ yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Paralysis
Arterio Sclerosis
 (duration) _____ yrs. 6 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) Marion Green, M. D.
 , 19 (Address) Hardin, 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.)

14. INFORMANT E. B. Garnett
 (Address) Carrollton
 15. FILED Sept 18 1928 Jno. W. King
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hardin Cem. DATE OF BURIAL 8/31 1928
 20. UNDERTAKER W. M. Marshall Richmond
 ADDRESS 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.

RECEIVED FOR BINDING

