

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.

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

Do not use this space.

33959

1. PLACE OF DEATH

County Jasper
Township Galena
City Joplin Mo. (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 467
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Seneca Mo. St. _____ Ward. Fireman Hospital
(Usual place of abode)

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

2. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE Ada Holmes.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
62 10 6

8. OCCUPATION OF DECEASED Bridge Carpenter Retired 3 years.
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Curtis Spurlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Julia Blankenship

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mont Ky

14. INFORMANT Mrs. Andrew Spurlin (Address) Seneca Mo.

15. FILE NO. 1-15128 Dr. A. S. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928 to Oct 29, 1928
that I last saw him alive on Oct 2, 1928, and that death occurred, on the date stated above, at 6-10 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 99 1010
Polar Pneumonia
(duration) 5 yrs. mos. da.
CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 2 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Kyrman, M. D.
, 19 (Address) Seneca 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 Seneca Mo. DATE OF BURIAL Oct. 30 1928

20. UNDERTAKER B. W. Buzzard ADDRESS Seneca Mo.

