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

Do not use this space.

42574

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 11815

City St. Louis (No. 5903 Cabanne Pl. ..... St. ..... Ward)

2. FULL NAME Ira Hayes Spurrier

(a) Residence. No. 5903 Cabanne Pl. St., 5 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Francis Spurrier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 5th 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	8	29	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Michigan

PARENTS

10. NAME OF FATHER Edw. G. Spurrier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Morgan Co
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah LaMaster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Ohio

14. INFORMANT Sarah L. M. Spurrier
(Address) 5903 Cabanne Place

15. FILED DEC 3 1928 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 4 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Dec. 4, 1928 that I last saw him alive on Dec. 3, 1928, and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis Chronic

93 c

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 B

(duration) 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? .....

(Signed) Elmer Bratney, M. D

12/4, 1928 (Address) 6829 Va

*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 Valhalla Cem. DATE OF BURIAL 12/7 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

6879 Virginia
1 to 3 Sh.