

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

Do not use this space.

21163

PLACE OF DEATH

County Gentry
Township Albany
City Albany (No. _____)

Registration District No. 309
Primary Registration District No. 4185

File No. _____
Registered No. 33
St. _____ Ward) _____

2. FULL NAME William Emerson Spinkhouse

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male White single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 21 - 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

53

10

22

8. OCCUPATION OF DECEASED

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

Plasterer

(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)

Gentry Co. Mo.

10. NAME OF FATHER

Robert Spinkhouse

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

Ind.

12. MAIDEN NAME OF MOTHER

Sasha Dills

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

Virginia

14. INFORMANT (Address)

Mrs. D. Richards
Albany Mo.

15. July 2, 1929

W. T. Martini
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1929

17.

I HEREBY CERTIFY, That I attended deceased from June 10th, 1929, to June 12th, 1929, that I last saw him alive on June 12th, 1929, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia
108
7.5 B

(duration) yrs. mos. 3 ds.

CONTRIBUTORY Acute Alcoholism (SECONDARY)

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRAINTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. T. Martini, M. D.

July 2, 1929 (Address) Albany 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

DATE OF BURIAL

Horton Cemetery June 14 1929

20. UNDERTAKER

ADDRESS

A. T. Base Albany 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.

