

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

Do not use this space.

26976

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.

1. PLACE OF DEATH
 County Wackarusa Registration District No. 85
 Townshp St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hospital #2) St. Plattsburg Mo. Ward 933
 2. FULL NAME Annie M. Spear
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Geo. Spear
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 | 5 | 12
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dallas
 (STATE OR COUNTRY) Texas
 10. NAME OF FATHER James Brook
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Levin
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Josephine Hodge
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Levin
 (STATE OR COUNTRY)

14. INFORMANT Geo. Spear
 (Address) Stewartville, Mo.
 15. FILED 7 John G. Webb REGISTRAR
1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 4th 1929
 17. I HEREBY CERTIFY, That I attended deceased from July 24th 1929, to Aug. 4th 1929
 that I last saw h. e. r. alive on Aug 3rd 1929, and that death occurred, on the date stated above, at 6:00 - a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Multiple Sclerosis
87B
84 (duration) yrs. mos. da.
 CONTRIBUTORY Insanity
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE 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) C. O. Dewey, M. D.
8/5 1929 State Hospital No 2

*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 Plattsburg Mo DATE OF BURIAL Aug 5 1929
 20. UNDERTAKER St. Joseph ADDRESS Plattsburg Mo

SEP 1 1929

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