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

Do not use this space.

85

27040

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 27040

Township: — Primary Registration District No.: 1001 — Registered No.: 1001

City: St. Joseph, (No. 701 Court St. Ward)

2. FULL NAME David Anthony Spidle,

(a) Residence. No. 701 Court St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1st. 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	11	22	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,

PARENTS

10. NAME OF FATHER David Spidle,

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

12. MAIDEN NAME OF MOTHER Margaret Palmer,

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

14. INFORMANT Mrs. Dick McCullough
(Address) 701 Court Street.

15. FILED AUG 24 1929, 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23. 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 17 —, 1929 to Aug 23 —, 1929 that I last saw him alive on Aug 17 —, 1929, and that death occurred, on the date stated above, at 1:10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Bronchopneumonia
107 B
99
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) John D. Tucker M. D.
Aug 23, 1929 (Address) St Joseph 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
Garden Grove, Iowa,	Aug. 24 1929.
20. UNDERTAKER	**ADDRESS**
Heaton-Belote & Brown	310 S. 10 St.

Funeral Home

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.