

SEP 25 1929

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

Do not use this space.

1. PLACE OF DEATH

County De Witt Registration District No. 318  
Township Springfield No Primary Registration District No. 2001  
City Springfield Mo 1050 W Walnut

File No. 27493  
Registered No. 611  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Era Fern Spargue  
(a) Residence. No. 1050 W Walnut 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17 - 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
17 8 10 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work school student  
(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) Inda.

10. NAME OF FATHER Carnest Spargue

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

12. MAIDEN NAME OF MOTHER Ma. Minnion

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

14. INFORMANT Carnest Spargue (Address) 1050 W Walnut

15. FILED 8-26-29 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 134 Aug 23 1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
Aug 1, 1929, to Aug 23, 1929  
that I last saw her alive on Aug 23, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart Disease, Chr. valvular. (rheumatic history)  
(duration) 2 1/2 yrs. 2 1/2 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH? \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) Am. D. Callaway M. D. 8-26, 19-29 (Address) Springfield, Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park DATE OF BURIAL Aug 26 1929

20. UNDERTAKER W. L. Stame ADDRESS W. L. Stame market

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.

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