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

Do not use this space.

29759

1. PLACE OF DEATH

County: Salina — Registration District No. 796 — File No.

Township — Primary Registration District No. 3038 — Registered No. 135

City: Marshall, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Lois Sphorer

(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. 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21st, 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	9	28	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nevada (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Sphorer

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

12. MAIDEN NAME OF MOTHER Ada May Matson

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

14. INFORMANT Henry Sphorer (Address) Marshall Mo

15. FILED 9-4, 1929 Mrs. John H. McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14th, 1929, to Aug 28th, 1929 that I last saw her alive on Aug 28th, 1929, and that death occurred, on the date stated above, at 2.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Summer Flu

11 D

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Mitral insufficiency

Endocarditis acute (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. C. Putnam, M. D.

8/29/1929 (Address) Marshall 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
Ridge J. Cemetery	Aug 30 1929
20. UNDERTAKER J. L. Sweeney	ADDRESS Marshall, Mo.

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