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

Do not use this space.

30882

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 5008 Virginia St. Ward)

File No.:

Registered No.: 3906

2. FULL NAME: Mrs. Marietta Louise Spivey

(a) Residence. No. 307 South Elmwood 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Gill Spivey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 23, 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	22	

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): Garoga
(STATE OR COUNTRY): New York

PARENTS

10. NAME OF FATHER: S. P. Havens

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

12. MAIDEN NAME OF MOTHER: Eleanor Frey

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

14. INFORMANT: A. J. Colt
(Address): 5008 Virginia

15. FILED 9/16, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): September 15 1929

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1927, to Sept 15, 1929, that I last saw h. alive on Sept 15, 1929, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis 9 mo
16 d

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) 5 yrs. mos. ds.

18. WHERE WAS 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? Usual
(Signed) J. L. Robinson, M. D.
9/16, 1929 (Address) 570 Altman Bldg

*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~~: Elmwood Cemetery Crematory — DATE OF BURIAL: 9-16-1929

20. UNDERTAKER: Stine & McClure — ADDRESS: 3235 Gillham Plaza

Ashes removed to Mt. Washington Cem

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.

566 Altman Bldg.
12 - 5 P.M.