

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

Do not use this space.

32669

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 138
St. Ward)

2. FULL NAME

Fenton Albert Spears

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 7 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Calo Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER F. C. Spears

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hurley
(STATE OR COUNTRY) Hone Co. Mo.

12. MAIDEN NAME OF MOTHER Maud Langley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hazelton
(STATE OR COUNTRY) Hone Co Mo

14. INFORMANT Hospital Record
(Address) Marshall, Mo.

15. FILED 9-16-29 Med John H. McQuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1929 to Sept. 10, 1929
that I last saw living alive on Sept. 10, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(108.2) Vincent's angina
15A. Aneurysm and embolism

(duration) yrs. mos. 18 ds.
CONTRIBUTORY diarrhea and enteritis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 104B1

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) A. M. Capra M. D.

10. 1929 (Address) Marshall

*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

Crane, Mo. Long DATE OF BURIAL Sept 12 1929

20. UNDERTAKER L.R. Vandiver ADDRESS Marshall Mo.

A. E.—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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26

