

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

Do not use this space.

33246

1. PLACE OF DEATH

County Cedar
Township Jefferson
City Jefferson

Registration District No. 1.56
Primary Registration District No. 5.2.3.0

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

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

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

Joseph B. Spock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Sophrona Spock

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

March 8 - 1864

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>	<u>7</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

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

Blacksmith

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

White Co.

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

Bryant Spock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Rebecca Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14. INFORMANT

(Address)

Oliver Miller
Carthage, Mo (Rt 7)

15.

Filed Nov. 19. 21

E. S. Smith
Mary Bayliss
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 22 1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1929, to Oct 22, 1929, that I last saw him alive on Oct 22, 1929, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
46 R. & stomach
46 F. (duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY)

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

(Signed) P. O. Newsoms, M. D.

Oct 23, 1929 (Address) Humansville 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

Reeds Cemetery Oct 24, 29

20. UNDERTAKER

ADDRESS

none

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.

PARENTS

