

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

Do not use this space.

33938

1. PLACE OF DEATH

County Jackson Co Registration District No. 399 File No. 4391
 Township 16 mo Primary Registration District No. 1000 Registered No. 4391
 City Alfred Spring (No. Sevigny Lutheran Hospital) St. Longview Wash Ward

2. FULL NAME

(a) Residence No. Alfred Spring St., Longview, Washington Ward. Longview Wash
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 2 - 1878</u>		
7. AGE <u>51</u>	YEARS <u>8</u>	MONTHS <u>21</u>
		DAYS <u>21</u>
8. OCCUPATION OF DECEASED <u>Engineer Long Bell</u> (a) Trade, profession, or particular kind of work. <u>Shambert Co. C.E.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>116 E 11th St</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
10. NAME OF FATHER <u>Jacob Spring</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
12. MAIDEN NAME OF MOTHER <u>Elizabeth Farney</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
14. INFORMANT <u>Emma Danks</u> (Address) <u>Duross Colo</u>		
15. FILED <u>10/24/29</u> <u>M. M. Crowe</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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

17. Oct 5 HEREBY CERTIFY, That I attended deceased from 1929 to Oct. 23 1929, that I last saw h. alive on Oct. 23, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of pylorus from
Carcinoma of Stomach, Med
Starvation - General exhaustion.
About 4 weeks (duration) yrs. mos. ds.
 CONTRIBUTORY Carcinoma of Stomach
About 9 months (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Trinity Lutheran Hospital
 IF NOT AT PLACE OF DEATH yes
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 15 1929
 WAS THERE AN AUTOPSY? NO
 WHO TEST CONFIRMED DIAGNOSIS? Lab. Clinical and
Hyptoratory Lab. Torberg M. D.
 (Signed) Oct 19 1929 (Address) 910 Health Bldg

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Salerno Care</u>	DATE OF BURIAL <u>10/25 1929</u>
20. UNDERTAKER <u>William T. Friedman</u>	ADDRESS <u>California</u>

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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