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

Do not use this space.

40117

1. PLACE OF DEATH
County: Cole — Registration District No.: 213
Township: — Primary Registration District No.: 3017
City: Jefferson (No. St. Mary's Hosp. St. Ward)

File No.:
Registered No.: 282

2. FULL NAME: Calvin Speedy
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. ~~Married,~~ WIDOWED, ~~or Divorced~~ HUSBAND OF ~~(or) WIFE of~~ Elinor Speedy.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 18-1843

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 86 | 11 | 27 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Retired 30 yrs.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

PARENTS
10. NAME OF FATHER: Samuel Speedy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Sarah Selfridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT: Calvin Speedy
(Address): J.C. Mo

15. FILED 1/6, 1930 L W Bedford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1927, 19..., to Dec. 14 1929, that I last saw h. alive on Dec. 14 1929, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder
50 B
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
12-14 1929 (Signed) L W Bedford, M. D.
(Address) Penn.

*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 |
|---|---|
| Woodlawn Cem. | 12-17 1929 |
| **20. UNDERTAKER** | **ADDRESS** |
| E. P. Henrichs | J.C. Mo. |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.