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

Do not use this space.

40207

1. PLACE OF DEATH
County: Franklin
Township:
City: Campbell (No. ..... St. ..... Ward)
Registration District No. 282
Primary Registration District No. 4166
File No.
Registered No. 44

2. FULL NAME: George L. Spieler
(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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

35 21 1930 2 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 12 - 1846
7. AGE: Years 83, Months 2, Days 5, If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 237
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

PARENTS

14. INFORMANT: Fred Spieler
(Address): Campbell
15. FILED 12/18, 1929 E W Landess REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 17 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1929, to Dec. 17, 1929, that I last saw him alive on Dec 17, 1929, and that death occurred, on the date stated above, at 9:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver
1248
(duration) 4 mos. ds.
CONTRIBUTORY (SECONDARY) 122 B1
(duration) 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?
(Signed) W. J. Rutledge, M. D
, 19 (Address) Campbell, 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: Four Mile Cem.
DATE OF BURIAL: 12/19 1929
20. UNDERTAKER: E W Landess
ADDRESS: Camp