

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

Do not use this space.

2003

1. PLACE OF DEATH

County *Montgomery*
Township *Bellevue*
City..... (No..... St..... Ward)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No.....

2. FULL NAME

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

Length of residence in city or town where death occurred *all his life* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. MEDICAL CERTIFICATE OF DEATH

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)

June 19 - 1872

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <i>57</i> | <i>6</i> | <i>21</i> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *Roboror*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

near Bellevue Montgomery Co, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER

Johnathan Spires

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ida
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Bellevue Ann. Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ving.
(STATE OR COUNTRY)

14. INFORMANT

Thos Spires
(Address) *Bellevue Mo*

15. FILED

1/11, 1930
A. J. Rivers
REGISTRAR

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

Jan 10 1930

17.

I HEREBY CERTIFY, That I attended deceased from *Oct 1 1927*, to *Jan 10 1930*, that I last saw him alive on *Dec 29 1929*, and that death occurred, on the date stated above, at *11:30 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sinuous of Cardiac end of Esophagus

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H.R. Winnick*, M.D.
, 19 (Address) *Bellevue, 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

Brush Creek Cemetery

DATE OF BURIAL

1/12 1930

20. UNDERTAKER

A. J. Rivers Bellevue Mo

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

FEB 19 1930

