

MAN 28 1930

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

Do not use this space. 7479  
7466

1. PLACE OF DEATH

County Washington Registration District No. 875 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 6162 Registered No. 46  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ben F. Spurgeon  
(a) Residence No. State Hospital # 3 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. 15 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) single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 | 3 | 20 | \_\_\_\_\_

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) not stated  
(STATE OR COUNTRY) Ind.

10. NAME OF FATHER not stated

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER not stated

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Jessie Holmes  
(Address) Edwards Mo.

15. FILED 3/7/1930 E. R. King  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Jan. 23, 1930, to Feb. 7, 1930  
that I last saw h. sm. alive on \_\_\_\_\_, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arteriosclerosis

(duration) 2 yrs. mos. da.

CONTRIBUTORY Chronic myocarditis  
(SECONDARY)

(duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) J. T. O'Dell, M. D.

Feb. 7, 1930 (Address) Meruda 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 Edwards Mo. DATE OF BURIAL 2-10-30

20. UNDERTAKER John C. Myers Meruda ADDRESS \_\_\_\_\_

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.

