APR 23 1930

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

Do not use this space.

11996

1. PLACE OF DEATH
County: Gallatin
Township: Cutlerville
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 109
Primary Registration District No. 6167
File No. .....
Registered No. 773

2. FULL NAME: Dorothy Jean Spahn

(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: Fem
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): April 3 - 1930

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 2 hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Alvin Spahn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Gertrude McCray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Alvin Spahn
(Address): Newtonburg RFD

15. FILED: 4/10, 1930 Chas. Park, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 3 1930

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to April 3, 1930, that I last saw h. alive on April 3, 1930, and that death occurred, on the date stated above, at 3:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
1 hr.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pneumonia of Mother at time of birth (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Chas. Park, M. D.

4/4, 1930 (Address) Newtonburg 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: Dixie
DATE OF BURIAL: April 4 1930

20. UNDERTAKER: Bone
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.