

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

Do not use this space.

**12899**

1228

**1. PLACE OF DEATH**

County Jackson  
Township Ross  
City N.C. Mo. (No. 1117-East 28th St.)

Registration District No. 392  
Primary Registration District No. 11002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1117-E-28th 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. 4 How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
4. COLOR OR RACE \_\_\_\_\_  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr - 11 - 1883  
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. 47 0 24  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(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) Kansas  
10. NAME OF FATHER Joseph W. Spangler  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
12. MAIDEN NAME OF MOTHER Lydia (unk)  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Chas. D. Vanderpool  
(Address) 1117 E-28th St.  
15. FILED 4/26, 1930 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25<sup>th</sup> 1930  
17. I HEREBY CERTIFY, That I attended deceased from April 16<sup>th</sup> 1930 to April 25<sup>th</sup> 1930 that I last saw h. or alive on April 25<sup>th</sup> 1930, and that death occurred, on the date stated above, at 9<sup>00</sup> P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis of Lungs  
(duration) 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Tuberculosis of Lungs  
(duration) 3 yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH At her home  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms  
(Signed) A. E. Wernicke, M. D.

4/15, 1930 (Address) 2327 Hoast Ave  
\*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 Forest Hill DATE OF BURIAL Apr 28, 1930  
20. UNDERTAKER Mrs. C. L. Foster ADDRESS N.C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2

