

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.

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

Do not use this space.

MAY 27 1930

13298

1. PLACE OF DEATH

County Madison  
Township  
City Fredericktown Mo. (No. \_\_\_\_\_)

Registration District No. 987  
Primary Registration District No. 9028

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

2. FULL NAME Joseph Spickerman

(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 m 4. COLOR OR RACE w 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) May 20 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 11 3

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)

(STATE OR COUNTRY) Madison Co. Mo.

PARENTS

10. NAME OF FATHER John Spickerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

12. MAIDEN NAME OF MOTHER Mary Sonderman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

14. INFORMANT Mary Spickerman  
(Address) Fredericktown, Mo.

15. FILED 30 1930 O. W. DAVIS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1930, to Apr 23, 1930 that I last saw him alive on Apr 23, 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Labor Pneumonia  
"The King"  
10 1/2 (duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) mitral insufficiency  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 101 W

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. C. Langston, M. D.  
Apr 24, 1930 (Address)

\*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 DATE OF BURIAL  
Calvary Cem. F. town April 26 1930

20. UNDERTAKER ADDRESS  
Ed. H. Webb, Fredericktown, Mo.

