

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

Do not use this space.

21217-a

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
603 Wash Street

File No.....
Registered No. 5970
St. Ward)

2. FULL NAME

George Spearman
(a) Residence. No. 603 Wash St. St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Spearman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6.10.1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Miss

10. NAME OF FATHER Abie Spearman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ala

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY).....

14. INFORMANT Lula Spearman
(Address) 2603 Wash Street

15. FILED: 29 1930 Wm C Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 6 1930, to 6-14, 1930, that I last saw him alive on 6-14, 1930 and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
131
1355 (duration) yrs. 6 mos. 0 ds.
CONTRIBUTORY prostatitis & Cystitis
(SECONDARY) (duration) yrs. 6 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED W
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? Ureteral Pyeloide
Examination of St. Gallen (Signed)..... M. D.

6/20, 1930 (Address) 807 1/2 Jefferson

*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 Tupelo, Miss. DATE OF BURIAL June 20 1930

20. UNDERTAKER W Reynolds ADDRESS 3015 Bell Ave

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.

