

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.

DEC 22 1930

1. PLACE OF DEATH

County Ralls
Township Clay
City Clay (No. _____)

Registration District No. 728
Primary Registration District No. 5961

File No. 33834
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Virginia Lee Spenny
(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Orrel Howard Spenny

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

Mar 23-1902

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

27

11

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farm wife

(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)

Ralls

10. NAME OF FATHER

R.T. Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ralls Co

12. MAIDEN NAME OF MOTHER

Bill Spatty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ralls Co

14.

INFORMANT
(Address)

Mrs A. F. Alexander
Hunting & Trussing mo

15.

FILED

Dec 10, 1930
Married Short,
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1930, 19, to Oct 15th 1930, and that I last saw him alive on Oct 15th 1930, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hodgkins disease

72 B

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY)

Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED?

IDENTIFY PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

H. Hopkins D.O.

, 19

(Address) 103 N. 6th St. Kansas City, 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

DATE OF BURIAL

Salt Lick Cemetery

Oct 16 1930

20. UNDERTAKER

ADDRESS

W.H. Couch

Curtis

