

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

Do not use this space.

85

38605

1. PLACE OF DEATH
 County Buchanan Registration District No. 1001
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hospital #2 St. Ward)
 2. FULL NAME M. F. Speers
 (a) Residence. No. Unionville Mo St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 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 Husband
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown B 59
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 Unknown
 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) Unknown
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1930
 17. I HEREBY CERTIFY, That I attended deceased from Dec 2nd, 1930 to Dec 17, 1930
 that I last saw him alive on Dec 16th, 1930, and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Arteriosclerosis
97
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 9/10
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No. DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) J. H. Bush M. D.
14/17, 19 30 (Address) State Hosp # 2
 *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.

14. INFORMANT Beney Speers (son)
 (Address) Unionville Mo
 15. FILED John G. W. 19
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Unionville Mo DATE OF BURIAL Dec 18, 19 30
 20. UNDERTAKER E. P. Eidenfaden ADDRESS 602 So. 10

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

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.

JAN 19 1931

DEC 17 1930

