

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

Do not use this space.

39658

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4154 Hyde Park Way) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Payson F. Spaulding
 (a) Residence, No. 4154 Hyde Park Way St. 7 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 Male	4. COLOR OR RACE White	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) Oct. 26, 1917		
7. AGE	YEARS 13	MONTHS 2
	DAYS 0	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. At School (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) California		
PARENTS	10. NAME OF FATHER Chas. Spaulding	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Maine	
	12. MAIDEN NAME OF MOTHER Elizabeth Hauss	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Michigan	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 26, 1930**
 17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Dec 26, 1930, that I last saw him alive on Dec 25, 1930, and that death occurred, on the date stated above, at 12:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Robert pneumonia
108

CONTRIBUTOR (SECONDARY) 1010 (duration) yrs. mos. ds. 3

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? physical Exam
 (Signed) Russell Davis, M. D.

12/26, 1930 (Address) 1024 professional

*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 Chas. Spaulding
 (Address) 4154 Hyde Park Way K.C., Mo.

15. FILED 12/29/30 M. M. Crowe
 REGISTRAR Assr.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Moriah DATE OF BURIAL 12/29 30

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kans City 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.

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

