

APR 20 1931

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

Do not use this space.

4450

1. PLACE OF DEATH

County Adair Registration District No. 4
Township South Benton Primary Registration District No. 5-005
City Courtesy (No. _____) St. _____ Ward _____

File No. _____

Registered No. 37

2. FULL NAME

Eugenia Spitzer
(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

Frank Spitzer

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

Aug 3 1856

7. AGE

YEARS 74MONTHS 6DAYS 26

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

8. OCCUPATION OF DECEASED

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

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Warsaw

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Guy Chandler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Duncan

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Sarah Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Duncan

(STATE OR COUNTRY)

Ohio

14.

INFORMANT (Address)

Mrs. J. S. Lillard
Kansas City Mo

15.

FILED

9/23 1931Mrs. C. H. Becker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 193117. I HEREBY CERTIFY, That I attended deceased from about

Aug, 1920, to Feb 27, 1931,
that I last saw him alive on Feb 27, 1931, and that
death occurred, on the date stated above, at 1022 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericious Anemia71A

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

dealt know

(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

(Signed) J. J. Carver, M. D., 19 _____ (Address) Fairville 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

Refuge Cemetery 3-1 1931

20. UNDERTAKER

ADDRESS

Davis & Wilson Fairville Mo

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.

