

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

Do not use this space.

9554

File No. _____
Registered No. **247** _____
St. _____ Ward _____

1. PLACE OF DEATH

39 County Frank
Township _____
City Springfield (No. 750 S. Campbell)

D. W. Doyle
Registration District No. 818
Primary Registration District No. 2001

2. FULL NAME

5 (a) Residence, No. 750 S. Campbell St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 61 yrs. mos. ds.

(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John F. Parry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4 - 1846</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, 16</u>		
FATHER	13. NAME <u>OTTO Ludwig Sporn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris</u>	
MOTHER	15. MAIDEN NAME <u>Antonia Kullerud</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Olga Poland, 750 S. Campbell Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park</u> DATE <u>3-29</u> <u>71</u>		
19. UNDERTAKER (ADDRESS) <u>W. F. Turner, Walnut Street</u>		
20. FILED <u>3-28</u> , 19 <u>31</u> <u>John Sharp</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-31

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 3-26, 1931

I last saw her alive on 3-26, 1931. Death is said to have occurred on the date stated above, at 7:20 p. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
11A
102A
67
Arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. A. Keibel, M. D.
(Address) Springfield 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.

APR 29 1931

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