

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

Do not use this space.

10020

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1292

Township Ran

Primary Registration District No. 1017

Registered No. 1292

City K.C. Mo.

(No. St. Joseph Hospital)

St. Ward

2. FULL NAME

Mabel Nellie Spurling

(a) Residence No. 3246 Chestnut St. 14 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

4. COLOR OR RACE Wh

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 29-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
37	10	15	

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) Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph Nellis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland
 (STATE OR COUNTRY)

14. INFORMANT Irvin Spurling
 (Address) 3246 Chestnut St.

15. FILED 3/16/31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-14-1931

17. I HEREBY CERTIFY, That I attended deceased from 3-3-31 to 3-14-31 that I last saw her alive on 3-14-31, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
121A
129

CONTRIBUTORY (SECONDARY) ruptured appendix (duration) yrs. mos. 10 da.
129 (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED Her Home
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-3-31
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Lapotomy
 (Signed) E. A. Wilbur M. D.
3/15-1931 (Address) 1424 Professional Bldg.

*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 Mt. Washington DATE OF BURIAL 3-16-1938

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

after - 29-1896 corrected 1931
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

St Joseph Hospital

Professional Hz- 0236

807 W. 63 Hi- 3234

~~St. Joseph Hosp. 7th and
Dr. Bird Professional Hz- 0236
5200 Archway Hi- 5402~~