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

Do not use this space.

13674

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: DeKalb — Registration District No.: 4161

Township: Polk — Primary Registration District No.: 762

City: Union Star (No. ....., ..., St. ....., Ward)

2. FULL NAME: John Beauregard Speaker

(a) Residence: No. ..... St., ... Ward, ... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 15 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): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~: Nannie L Speaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 28 1862

7. AGE: Years 69 | Months 2 | Days 16 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Wheeling
(STATE OR COUNTRY): West Va.

PARENTS

10. NAME OF FATHER: Henry Speaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Mary Arthur

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Harpersburg
(STATE OR COUNTRY): Maryland

14. INFORMANT: E. R. Speaker
(Address): Union Star Mo

15. FILED: 4/15, 1931 — E M Reynolds, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 14, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to Apr 14, 1931, that I last saw him alive on Apr 14, 1931, and that death occurred, on the date stated above, at 10:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma Kidney

51A 510

(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....

(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) E M Reynolds, M. D.

4/14, 1931 (Address) Union Star 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: Clay Springs — DATE OF BURIAL: 4/16 1931

20. UNDERTAKER: F. H. Wilson — ADDRESS: King City

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.