

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

Do not use this space.

*Di Miller*  
13863 345  
File No. 345  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County *Chester* Registration District No. *318*  
Township *Springfield* Primary Registration District No. *2091*  
City *Springfield* St. *D. Jefferson* Ward \_\_\_\_\_  
2. FULL NAME *Michael Peter Speer*  
(a) Residence, No. *1629 D. Jefferson* 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 *Male*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 30 - 1865*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*66*      *-*      *-*  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) *Ill. Q. East*  
13. NAME *Willes Grant*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*  
15. MAIDEN NAME *Mary Wesley*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Calico, Ill.*  
17. INFORMANT (ADDRESS) *Mrs. Ida E. Cross*  
*Springfield, Mo*  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Springfield, Mo 5-2-1931*  
19. UNDERTAKER (ADDRESS) *German Undertaker*  
*Springfield, Mo*  
20. FILED *5-2-1931* Registrar *Ben Sharp*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/30 1931*  
22. I HEREBY CERTIFY, That I attended deceased from *11/22 1930* to *4/30 1931*  
I first saw him alive on *April 30 1931* Death is said to have occurred on the date stated above, at *4:50 P.M.* m.  
The principal cause of death and related causes of importance were as follows:  
*Carcinomatosis from carcinoma right breast*  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: *50*  
Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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. J. ...* M. D.  
(Address) *Medical Park Bldg. Springfield*

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.

MAY 23 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

953