

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

Do not use this space.

20746.

1. PLACE OF DEATH  
 County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 3008  
 City Fulton No. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Thomas Spires  
 (a) Residence, No. State Hosp #1, Fulton, Mo. Ward. Ballflower Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 21 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.  
74 — — —

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer

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) Unknown

13. NAME No Information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME No Information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Records of State Hosp #1  
 (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Funeral Home DATE 6/25/31

19. UNDERTAKER R. W. ...  
 (ADDRESS) Ballflower Mo

20. June 28, 1931 R. W. Crews  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23rd, 1931

22. I HEREBY CERTIFY, that I attended deceased from June 22nd, 1931, to June 23rd, 1931  
 I last saw h. in alive on June 23rd, 1931. Death is said to have occurred on the date stated above, at 5:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis myocarditis Chronic  
930 9:30  
27 27  
74  
 Other contributory causes of importance:  
Psychosis with other somatic states (Arteriosclerosis and Chronic myocarditis) 7/1/30

Date of onset  
July  
July

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? No  
 If so, specify \_\_\_\_\_

(Signed) R. G. Ault, M. D.  
 (Address) Fulton, 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.

111 29 1931

