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

Do not use this space.

39894

File No. .....

Registered No. 36

1. PLACE OF DEATH

County: Stoddard — Registration District No.: 840

Township: Black Creek — Primary Registration District No.: 6102

City: Puxico Mo. R#1 (No. ..... St. ..... Ward)

2. FULL NAME: J. W. Spangler

(a) Residence, No. ..... 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: M

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Spangler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-2-1861

7. AGE: Years 70 — Months 3 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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): Tennessee

FATHER

13. NAME: Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs. Alice Spangler, Puxico, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hollis Cem. DATE: 11-15- 1931

19. UNDERTAKER (ADDRESS): J. A. Chiles & Co. Bloomfield, Mo.

20. FILED: Nov 14, 1931 E L Hope Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-14-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Nov 14, 1931

I last saw him alive on Nov 14, 1931. Death is said to have occurred on the date stated above, at 5:15 a. m.

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

Date of onset

Chronic Nephritis — 3 mo

Other contributory causes of importance: Arthritis, Nephritis

Name of operation: — Date of: .....

What test confirmed diagnosis? — 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) E. E. Edmond, M. D.

(Address) Puxico Mo

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.

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

DEC 26 193