

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

Do not use this space.

40816 ✓

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence Mo.

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 417 St. _____ Ward _____

2. FULL NAME

Mary Henrietta Speck

(a) Residence, No. Route 4 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. ds. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1859

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|--------|----------|----------------------------------|
| | <u>72</u> | | <u>9</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Independence Mo.

13. NAME Henry Speck

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

15. MAIDEN NAME Elizabeth Baumgardner

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

17. INFORMANT (ADDRESS) Benjamin Speck 4043 Forest Ave. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE Dec 21 1931

19. UNDERTAKER (ADDRESS) Att + Mitchell Independence Mo.

20. FILED Dec 21 1931 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-29 1931

22. I HEREBY CERTIFY, That I attended deceased from March 11 1931 to _____, 19____

I last saw her alive on Dec 18 1931. Death is said to have occurred on the date stated above, at 5:49 p.m.

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

Angina Pectoris Date of onset _____

94A

Other contributory causes of importance: dropsy

Name of operation _____ Date of _____
What test confirmed diagnosis? 7 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) B. K. Wiles, M. D.
(Address) Kansas City 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.

