

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

Do not use this space.

13199

1. PLACE OF DEATH
 62 County Madison Registration District No. 6508
 1 Township _____ Primary Registration District No. 8027
 4 City Fredericktown (No. _____) St. _____ Ward _____

2. FULL NAME Polly Ann Spurlock
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 18

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

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) Hardinburg Ky 2

13. NAME Henry Riley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME unknown

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

17. INFORMANT Wm A Spurlock
 (ADDRESS) Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fredericktown Mo DATE Apr. 14 1932

19. UNDERTAKER Ed. H. Webb
 (ADDRESS) Fredericktown Mo

20. FILED all 40 1932 W. H. Webb
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932, to April 11, 1932
 I last saw her alive on April 10, 1932. Death is said to have occurred on the date stated above, at 11:40 am.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset Apr. 4(?)

Other contributory causes of importance:
Influenza (1) Apr. 1(?)

8
 Name of operation _____ Date of _____
 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? No
 If so, specify _____
 (Signed) E. E. Higdon, M. D.
 (Address) Fredericktown, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MAY 26 1932

