

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

Do not use this space.

16738

1. PLACE OF DEATH  
 61 County Macon Registration District No. 533  
 7 Township Macon Primary Registration District No. 3027  
 4 City Macon (No.     ) St.      Ward       
 2. FULL NAME Gladys Marie Spotts  
 (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**

3. SEX Female 4. COLOR OR RACE W 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) Born Mo. 12-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 28

OCCUPATION 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) Macon Mo

13. NAME Edward Spotts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Josephine Risher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

17. INFORMANT (ADDRESS) Josephine Risher Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Cem DATE 5-10 1932

19. UNDERTAKER (ADDRESS) Stephens & Goodrich Macon, Mo.

20. FILED 5/31 1932 Mrs Luke Henkle Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 10, 1932  
 I last saw him alive on     , 19    . Death is said to have occurred on the date stated above, at 3 A.M.  
 The principal cause of death and related causes of importance were as follows:

Diphtheria  
10  
 Other contributory causes of importance:     

Name of operation none Date of     

What test confirmed diagnosis? Dip. sm. 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) Wanda Corner M. D.  
Callan Mrs. (Address)

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.

