

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

Do not use this space.

20604

1. PLACE OF DEATH

94 County St. Francis Registration District No. 33
Township Redwood Primary Registration District No. 602B
City Independence (No.) St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otto Sprina</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>3</u>	DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
10. Date deceased last worked at this occupation (month and year) <u>6 months ago</u>	11. Total time (years) spent in this occupation <u>50 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph Mo.</u>		
MOTHER FATHER	13. NAME <u>George Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Mo</u>	
	15. MAIDEN NAME <u>Maggie Fleming</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Jim Webb</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Redwood Mo</u> DATE <u>6/15/32</u>		
19. UNDERTAKER (ADDRESS) <u>J. Boyer Redwood</u>		
20. FILED <u>6/17 1932</u> <u>W. E. Auburdon</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1932

22. I HEREBY CERTIFY that I attended deceased from June 5 1932 to June 12 1932
I last saw her alive on June 13 1932 Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:
Largely adenoma of thyroid gland.
Myocarditis and chronic decompensation.
Other contributory causes of importance:
Large adenoma of thyroid gland.

Date of onset	<u>1927</u>
	<u>18.80</u>

Name of operation none Date of none
What test confirmed diagnosis? urinal 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 3
Nature of injury

24. Was disease or injury in any way related to occupation of deceased no
If so, specify

(Signed) Walter T. ... M. D.
(Address) Independence 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.

MISSOURI STATE BOARD OF HEALTH, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 27 1932

