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.

AUG 22 1932

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

Do not use this space.

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 22055
Township — Primary Registration District No. — Registered No. 729
City St. Joseph. (No. 2219 So. 14th. St. St. Ward)

2. FULL NAME Elizabeth Julia Spofford
(a) Residence, No. 2219 So. 14th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. ds. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles F. Spofford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 13, 1872

7. AGE: YEARS 60 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Wathena, Kansas

FATHER
13. NAME: Albert D. Stouffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlisle, Penn.

MOTHER
15. MAIDEN NAME: Fannie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlisle, Penn.

17. INFORMANT (ADDRESS): Chas. P. Spofford, 2219 So. 14th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE July, 25, 1932

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED JUL 25 1932 19 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 23, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1932, to July 23, 1932
I last saw her alive on July 23, 1932. Death is said to have occurred on the date stated above, at 2.30 P.M.
The principal cause of death and related causes of importance were as follows:

~~Oct 193~~
Carcinomatosis, involving pelvis & gen. peritoneal cavity
Probably of ovarian origin — Date of onset: Oct 1931

Other contributory causes of importance: ✓

Name of operation: Exploratory — Date of 4/14/32
What test confirmed diagnosis? Operation — 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) C. H. Wallace Jr., M. D.
(Address) 301 No 18th. St. St. Joseph, Mo.