

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

Do not use this space.

29085

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 Township Leavelle Primary Registration District No. 5501A
 City Leavelle (No.) St. Ward

2. FULL NAME Albert Spickler
 (a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 82
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>11</u>	<u>5</u>	

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

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) Jama, Iowa ²

13. NAME Nicholas W. Spickler ³¹

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

15. MAIDEN NAME Martha E. Stevens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois ²

17. INFORMANT (ADDRESS) Josephine Spickler, 17 S. D. East, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 9-12-32

19. UNDERTAKER (ADDRESS) Thompson - Lumber Co.

20. FILED Sept 12, 1932 Ed C. Peeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Sept 9, 1932
 I last saw him alive on about Aug 1, 1932 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Stomach Carcinoma Date of onset Dec '31

Other contributory causes of importance:
46 B

Name of operation Date of
 What test confirmed diagnosis? X-ray 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) B. Hughes M. D.
 (Address) Clinton, 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.

OCT 26 1932

