

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

Do not use this space.

32106

File No. 88
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

46 County Howell
3 Township West Plains
4 City West Plains (No. Mo.)

Registration District No. 384
Primary Registration District No. 4277

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fw 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. N. Spotts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1902
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 0 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Ozark Co., Mo.

MOTHER FATHER
13. NAME Jno. Proffitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co., Mo.

15. MAIDEN NAME Polly Capps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Jno. Proffitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 10/16 - 1932

19. UNDERTAKER (ADDRESS) West Plains, Mo.

20. FILED 10 - 23 - 32 W. H. Neirach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/15 - 1932 to 10/15 - 1932
I last saw h. et. alive on 10/15 - 1932 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1928
23A
23
Other contributory causes of importance:

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) W. H. Neirach, M. D.
(Address) West Plains, 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.

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