

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

Do not use this space.

35744
4251

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 5808 Oak) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME John Fenwick Spoor

(a) Residence, No. 5808 Oak St. X 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Peyton Spoor</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26, 1866</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>3</u>	DAYS <u>16</u>
If LESS than 1 day, . . . hrs. or . . . min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>105</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railway Express Co</u>
	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) England

MOTHER FATHER 13. NAME Joseph W Spoor

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

15. MAIDEN NAME Mary C Fenwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs Anna Spoor
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 14, 1932

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) Linwood & Main

20. FILED 11-12, 1932 M. M. Groves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1932 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1932, to Nov. 12, 1932.

I last saw him alive on Nov. 12, 1932. Death is said to have occurred on the date stated above, at 9.48 P.M.

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

Acute dilatation of heart Date of onset Nov. 5

Other contributory causes of importance: 930
950 930

Chronic Myocarditis several months

Name of operation no 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 _____, 1932

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 John O. Skinner, M. D.
(Signed) _____ (Address) 1402 Bryant St

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.

Dr John Skinner