

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

Do not use this space.

38178

1. PLACE OF DEATH
 11² County North Registration District No. 902
 2² Township Clatsop Primary Registration District No. 4575-
 2 City Grant City (No.) St. Ward)
 2. FULL NAME William P. Spillman
 (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.

File No.
 Registered No. 23
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wazir Spillman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Office Work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northampton, Mo.

10. NAME OF FATHER W. N. Spillman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Northampton, Kentucky
 12. MAIDEN NAME OF MOTHER Mary G. Robertson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Northampton, Missouri

14. INFORMANT (Address) J. P. Brown, Denver, Mo.

15. FILED 11-19-32 John A. Cressler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 18, 1932
 17. I HEREBY CERTIFY That I attended deceased from Nov 18 to Nov 18, 1932, and that I last saw him alive on Nov 15, 1932, and that death occurred, on the date stated above, at 11-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhagic Steno Aortic
prob
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Telepsis of heart + kidney
high blood pres. (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at bed
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Frank M. Mull, M. D.
11-18-32 (Address) Grant City, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Grant City Cemetery 11-20 1932

20. UNDERTAKER ADDRESS
Brown Bros. Denver

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. JAN 3 1933

