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

Do not use this space.

File No. 41215
Registered No. 129

1. PLACE OF DEATH
County: RANDOLPH.
Township:
City: MOBERLY (No. ..... St. ..... Ward)
Registration District No. 735
Primary Registration District No. 73034

2. FULL NAME: MAUD SPEERS
(a) Residence. No. 801 CLEVELAND St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: FRANK SPEERS

6. DATE OF BIRTH (MONTH, DAY AND YEAR): MAR. 12 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: HOUSEWIFE.
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): CALLOWAY CO.
(STATE OR COUNTRY): MO.

PARENTS
10. NAME OF FATHER: F. M. LOVE
11. BIRTHPLACE OF FATHER (CITY OR TOWN): 31
(STATE OR COUNTRY): DON'T KNOW
12. MAIDEN NAME OF MOTHER: SARAH ELROD
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): TENN. 2

14. INFORMANT: Frank Speers
(Address): 801 Cleveland Ave

15. FILED 12/19 1932 Theo. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1932, to Dec. 18 - 1932, that I last saw h. alive on Dec. 18, 1932, and that death occurred, on the date stated above, at 5:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction of bowel due to Enterolithiasis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Enterolithiasis

(duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) T. J. Mitchell, M. D.
12-19, 1932 (Address) Moberly Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: OAKLAND CEMETERY — DATE OF BURIAL: Dec 21 1932

20. UNDERTAKER: SNOW LEAVERTON. — ADDRESS: MOBERLY 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.