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.

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

Do not use this space.

42821

File No.
Registered No. 29

Registration District No. 816
Primary Registration District No. 4492

1. PLACE OF DEATH
County Scott
Township
City Chaffee Mo (No. St. Ward)

2. FULL NAME Katherine A. Spann

(a) Residence, No. 118 Wright 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. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: W. O. Bloomer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB. 13-1890

7. AGE: Years 42 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BEAUTY PARLOR OPERATOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " " 267
10. Date deceased last worked at this occupation (month and year): April 1932
11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DONIPHAN MISSOURI

FATHER

13. NAME: COBY F. SPANN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOLINGREEN Ky.

MOTHER

15. MAIDEN NAME: Mary E. Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn.

17. INFORMANT (ADDRESS): C. F. Spann Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marble Mo. DATE: Dec. 6 1932

19. UNDERTAKER (ADDRESS): H. O. Stubby Chaffee Mo

20. FILED: 12-5 1932 L. A. Sample Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 3, 1932

I last saw alive on Dec 3 1932. Death is said to have occurred on the date stated above, at 9:20 a. m.

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

	Date of onset
Chronic Nephritis	
Chronic Gastro Intestinal Disease - Anemia	2
131	1
1408	
1408	

Other contributory causes of importance: Some Major Surgical Operations, Including Removal of large cystic tumor & extensive abdominal pain past

Name of operation: Date of: April 1929

What test confirmed diagnosis: History 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) L. A. Sample, M. D.
(Address) Chaffee Mo