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

Do not use this space.

43049

1. PLACE OF DEATH
County Worth — Registration District No. 912 — File No.
Township Fletchall — Primary Registration District No. 4545 — Registered No. 19
City Grant City (No. ..., ... St. ... Ward)

2. FULL NAME William Harve 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Ellen Spillman
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 30 1857
7. AGE: YEARS 75, MONTHS 10, DAYS 12. If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Probate Judge
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): New Hampton
(STATE OR COUNTRY): Missouri 1

PARENTS
10. NAME OF FATHER: Charley W Spillman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Virginia 2
12. MAIDEN NAME OF MOTHER: ... Rowlett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown 31
14. INFORMANT: W. R. Spillman
(Address): Grant City, Mo.
15. FILED 1-10, 1933 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 12 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Dec 12, 1932, that I last saw him alive on Dec 12, 1932 and that death occurred, on the date stated above, at 2.30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
high blood pressure hypertrophy of heart with interstitial nephritis 131
955 (duration) 2 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) 1000 (duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? no. Date of
Was there an autopsy? no
What test confirmed diagnosis? Chemical + microscope
(Signed) Fred Null, M. D.
12/13, 1932 (Address) Grant City, 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: Wesley Chapel — DATE OF BURIAL: 12/14 1932
20. UNDERTAKER: Arch C. Dunfee — ADDRESS: Grant City Mo.

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.