

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

Do not use this space.

1224

1. PLACE OF DEATH

48 County Jackson Registration District No. 342
Township Emmerton Primary Registration District No. 3337A
City Judea Mo Route 3 Box 406 St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Larkin H Spurgeon
(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 20 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 10 - 1854</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>0</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>retired</u>
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

13. NAME
Joseph R Spurgeon

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

15. MAIDEN NAME
"

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

17. INFORMANT
Spurgeon & Campbell
(ADDRESS) Kansas City - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wt Washington DATE Jan - 5 - 1933

19. UNDERTAKER
Alvord & Sons
(ADDRESS) Kansas City - Mo

20. FILED Jan 15 - 1933 J. W. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 3 - 1933

22. I HEREBY CERTIFY, that I attended deceased Jan 3, 1933

I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 11:20 am.

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

Myocarditis
Influenza
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? direct 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?
If so, specify _____

(Signed) J. W. Tuttle M. D.
(Address) Blue Springs 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.

JAN 21 1933

