

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

Do not use this space.

5262

1. PLACE OF DEATH

County Douglas
Township Walls
City..... (No., St. Ward)

Registration District No. 1071
Primary Registration District No. 5398

File No.
Registered No. 41.....

2. FULL NAME

Simon Spurlock
(a) Residence, No. Walls Township St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 27, 1933

I last saw him alive on Feb 27, 1933. Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Feb 1933 11. Total time (years) spent in this occupation 40

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

13. NAME Wm W. Spurlock

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

15. MAIDEN NAME Sarah E. Shelton

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

17. INFORMANT R. F. Spurlock (ADDRESS) ava, Mo.

BURIAL, CREMATION, OR REMOVAL

PLACE Whites Creek Cem DATE Feb 28, 1933

INDERTAKER Neighbors (ADDRESS) ava, Mo.

FILED 2/27, 1933 Ed Warden Registrar.

Date of onset

Bronchial Pneumonia
11 P.M.
10:00 / 11:00

Other contributory causes of importance:

Influenza about Feb 17-33

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. Negd 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) R. M. Norman, M. D.

(Address) ava, Mo.

THE UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR
FROM: SAC, [illegible]

SUBJECT: [illegible]

DATE: [illegible]

[illegible text]

RECEIVED AND DISMISSED
FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE