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.

85

File No. 8602

Registered No. 324

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH

County Buchanan

Township

City St Joseph (No. 1518 Frederick St. Ward)

2. FULL NAME Mary Elizabeth Spellman

(a) Residence, No. 1518 Frederick 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. 7 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 2, 1864

7. AGE: Years 69 | Months 0 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): March 1933

11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene Co. Iowa

FATHER

13. NAME: George McRoberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk Scotland

MOTHER

15. MAIDEN NAME: Sarah Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk Ireland

17. INFORMANT (ADDRESS): Mrs Earle Spellman 1518 Fred - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mound City Mo. DATE: March 25 1933

19. UNDERTAKER (ADDRESS): Heaton Bros & Bowman 3195 So. 10th

20. FILED: 3-23-, 19 33 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to March 23, 1933.
I last saw h.a.a. alive on March 22, 1933. Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Arterio Sclerosis	?
Myocarditis, Chr.	
Arteriosclerosis, Chr. G.I.O.	

Other contributory causes of importance:

Arteriosclerosis Generalized	?

Name of operation: none Date of:
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) H. W. Paul, M. D.
(Address) 306 Pol Bldg