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.

8641

File No. I 322

Registered No.

1. PLACE OF DEATH

County: Buchanan

Township: Washington

City: ~~St. Joseph~~ (No. Airlawn Addition St. Ward)

Registration District No. 86

Primary Registration District No. 527

2. FULL NAME: Aubrey Hazel Spillman

(a) Residence, No. Airlawn Addition St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry O. Spillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1899

7. AGE: Years 33 | Months 10 | Days 13 | 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):

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winthrop, Missouri

FATHER

13. NAME: John W. Carmichael

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rushville, Missouri

MOTHER

15. MAIDEN NAME: Lillian Southard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leavenworth, Kansas

17. INFORMANT (ADDRESS): Harry Spillman, Airlawn Add.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moria Cem. DATE: March 18, 1933

19. UNDERTAKER (ADDRESS): Fred D. Clark, 2025 Lynn, St Joseph

20. FILED: March 18, 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to March 16, 1933

I last saw her alive on March 16, 1933. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Chr. Valvular Heart Dis.	1930
Acute Dilatation of Heart	2 days
[illegible]	
[illegible]	
[illegible]	

Other contributory causes of importance: Unknown

Name of operation: None Date of:

What test confirmed diagnosis? None 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) [illegible] M. D.

(Address) [illegible]