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.

MAY 22 1933

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

Do not use this space.

13995

1. PLACE OF DEATH
County Montgomery — Registration District No. 596
Township — Primary Registration District No. 5787B
City Bellflower (No. ..., ... St. ... Ward)

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

2. FULL NAME Augustus Rider Spires
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: widowed Husband Rachel Ruse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-3-1849
7. AGE: YEARS 83 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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.: —
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER
2 13. NAME: Elisha Spires
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
2 15. MAIDEN NAME: Margaret Ruse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): A C Spires Wellsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellflower, Mo DATE April-20-1933
19. UNDERTAKER (ADDRESS): F. W. Kuhne Wellsville Mo
20. FILED 4-20, 1933 R. W. Rivers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1933
22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to April 19, 1933
I last saw him alive on April 10, 1933. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
131 Chronic Bright's Disease	
131	

Other contributory causes of importance: arteriosclerosis

Name of operation: none Date of ...
What test confirmed diagnosis: bedside 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. G. Hereford, M. D.
(Address) Wellsville Mo