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.

JUL 20 1933

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

Do not use this space.

File No. 18886

Registered No. 127

1. PLACE OF DEATH

10 County Boone — Registration District No. 73

3 Township — Primary Registration District No. 3006

2 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Louella Spurling

(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: 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: Grant Spurling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22. 1867

7. AGE: YEARS 65 — MONTHS 10 — 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.: at home.
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): Randolph County Mo.

FATHER

13. NAME: John J Ridgway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Mo

MOTHER

15. MAIDEN NAME: Mary Ann White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Mo.

17. INFORMANT (ADDRESS): Glenwood Spurling Louisville Ky

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia Mo. DATE 6/8/33 19

19. UNDERTAKER (ADDRESS): Thos. McHarg Columbia Mo.

20. FILED 6/8/ 1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 7, 1933
I last saw her alive on June 6, 1933. Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:

Cardiac - Coronary Thrombosis
94B
95B 94 b

Date of onset

Other contributory causes of importance:

8

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Nudley S. Conley, M. D.
(Address) Columbia, Mo.