

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.

22183

1. PLACE OF DEATH

County NorthRegistration District No. 905-Township DenverPrimary Registration District No. 6216City DenverSt. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Harvey T. Spain St. Mo. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Martha Spain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27/1860

7. AGE 82 YEARS MONTHS 5 DAYS 9 If LESS than 1 day,hrs. ormin.

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.....

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

13. NAME Henry Spain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Indiana

15. MAIDEN NAME Barbara Brown

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

17. INFORMANT (ADDRESS) W. Brown Denver, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cent. Cemetery DATE June 8 1933

19. UNDERTAKER (ADDRESS) Brown Bros Denver, Mo.

20. FILED July 10 1933 Mrs. Marye Long Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to June 6 1933

Last saw him alive on June 6 1933 Death is said to have occurred on the date stated above, at 5 p. m.

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

Li Quispid Regulation 1933

Other contributory causes of importance: 92

Name of operation None Date of operation June 6 1933

What test confirmed diagnosis Physical 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 June 6 1933

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Lewis N. Long M. D.

(Address) Denver, Mo.

