

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

Do not use this space.

26273

1. PLACE OF DEATH
 45 County Howard Registration District No. 376
 1 Township Parris Primary Registration District No. 4220
 City Armstrong, Mo. (No. _____) (If nonresident, give city or town and State)
 _____ (No. _____) _____ (Ward)
 2. FULL NAME Mattie Downing Spotts
 (a) Residence, No. Armstrong, Mo. Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 48 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 A. P. Spotts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 3 11

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) Fayette, Mo.

MOTHER 13. NAME J. B. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

15. MAIDEN NAME Margaret D. Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

17. INFORMANT Mrs. Levi Markland
 (ADDRESS) Armstrong, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Armstrong, Mo. DATE Aug. 8 1933

19. UNDERTAKER A. H. Oldaker
 (ADDRESS) Armstrong, Mo.

20. FILED 8-8 1933 W. J. M. Dickerson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw her alive on August 5, 1933 Death is said to have occurred on the date stated above, at 1:30 P. M.

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

Apoplexy
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. B. Cecil, M. D.
 (Address) Armstrong, Mo.

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.

SEP 26 1933

