

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.

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

Do not use this space.

**26373
3252**

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME SPELLMAN, JUNE

(a) Residence, No. 3131 McGee St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec.-Treas. of Superior Cake and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meal Co.

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) Missouri

13. NAME Virgil Spellman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Bessie Martin

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

17. INFORMANT (ADDRESS) Virgil Spellman
3131 McGee Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. DATE Aug 15, 1933

19. UNDERTAKER (ADDRESS) Stine & McPherson
3235 William Plaza

20. FILED 8-14-33 M. M. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1933 to August 12, 1933

I last saw her alive on August 12, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

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

Brain tumor, cerebellar, (Hemangioblastoma)
Secondary cystic degeneration
Other contributory causes of importance:
Intracranial hypertension from
Obstructive hydrocephalus

Date of onset approx. 2 months
duration 7 weeks
3 weeks duration

Name of operation Autopsy Date of Aug. 12, 1933
 What test confirmed diagnosis? Microscopic Was there an autopsy? yes

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) Frank Deachen, M. D.
 (Address) 1007 Angyle Bldg. Kansas City, Mo.

