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

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

Do not use this space.

27093

1. PLACE OF DEATH

70 County Montgomery — Registration District No. 592 — File No.

5 Township — Primary Registration District No. 4250 — Registered No.

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

2. FULL NAME Mrs Mary M. Spears

(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 32 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert L. Spears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/II/33

7. AGE: YEARS 92 — MONTHS 6 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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): Pike County Mo

FATHER

13. NAME: Mr Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

MOTHER

15. MAIDEN NAME: Un Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " " " " " " "

17. INFORMANT (ADDRESS): E. B. Spears, Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Montgomery DATE: 8/2/33 19

19. UNDERTAKER (ADDRESS): C. W. Hopkins, Montgomery City Mo

20. FILED 9-10 1933 D. J. Bentley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/31/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4 Feb 20, 1933 to Aug 31, 1933

I last saw her alive on Aug 31, 1933 Death is said to have occurred on the date stated above, at 11:45 am

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

Chronic Interstitial Nephritis, Senility

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Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) E. W. Tinsley, M. D.

(Address) Montgomery City Mo