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.

OCT 20 1933

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

Do not use this space.

30878

1. PLACE OF DEATH

96 County St. Louis. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 62488 Registered No. 285

City Jefferson-Barracks, Mo. Veterans Administration Facility. St. Ward)

2. FULL NAME SPANN, William G.

(a) Residence, No. 4251 W. St. Ferdinand, St. St. Louis, Ward Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

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

10. Date deceased last worked at this occupation (month and year) Unavail.

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER

13. NAME William C. Spann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Missouri.

MOTHER

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunavant, Kans.

17. INFORMANT (ADDRESS) Dr. E. K. SCHURTZ, M.D. Officer of Day, Veterans Administration Facility, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cemetery DATE Sept. 9, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED 9/6 1933 L. C. Obrok M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1933, to September 4, 1933

I last saw him alive on September 4, 1933. Death is said to have occurred on the date stated above, at 10:00 AM

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

	Date of onset
Pulmonary Hemorrhage	Unk.
23A	
23B	

Other contributory causes of importance: Tuberculosis, Pulmonary, chronic, far advanced, active "C"

Name of operation - Clinical, physical, x-ray, laboratory findings. Date of -

What test confirmed diagnosis? 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?

If so, specify

(Signed) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks. Mo.

MAY 1 1349

11 00:01