JAN 26 1934

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

Do not use this space.

41041

1. PLACE OF DEATH

County Polk — Registration District No. 701 — File No.

Township Cliquot — Primary Registration District No. 6292 — Registered No. 68

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Spoon

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Margaret Spoon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16th 54

7. AGE: 79 YEARS — MONTHS: 3 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): 1 d ute

11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER

13. NAME: Geo Spoon

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

MOTHER

15. MAIDEN NAME: Kathern Kyster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Margret Spoon, Cliquot

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Cliquot DATE: Dec 21 1933

19. UNDERTAKER (ADDRESS): Hutcheson - Blue, Bolivar Mo

20. FILED: 12-21-1933 J F Roberts, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933, to Dec 20, 1933

I last saw him alive on Dec 18, 1933. Death is said to have occurred on the date stated above, at 12 P m.

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

	Date of onset
Uremia [illegible]	12/16/33
137	
132 B	
Other contributory causes of importance:	
Hypertrophy of Prostate	1930

Name of operation: None — Date of .....

What test confirmed diagnosis? ✓ — Was there an autopsy? .....

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) Doyle C McCraw, M. D.

(Address) Bolivar Mo

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.