

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 82
 Township Washington Primary Registration District No. 5127
 City St. Joseph, Mo. (No. County Infirmary) File No. 4085
 Registered No. 24 St. _____ Ward _____

2. FULL NAME Isaac William Spader

(a) Residence, No. 904 Alabama 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 Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1867

7. AGE YEARS 67 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Unknown (STATE OR COUNTRY) New York

13. NAME William Spader

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) New York

15. MAIDEN NAME Betty J. Hyatt

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

17. INFORMANT F. B. Spader, (ADDRESS) Kansas City, Kas.

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE March 2, 1934

19. UNDERTAKER Fleeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.

20. FILED March 31, 1934 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934 to Feb 28, 1934
 I last saw him alive on Feb 28, 1934 Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Arterio Sclerosis
Myocarditis
Prostatic Hypertrophy
 Other contributory causes of importance: Chronic Bronchitis
 Name of operation None 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) A. C. Holley M.D.
 (Address) 822 Edmond St. Joseph 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.

