

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County KentuckyRegistration District No. 311Township BoylePrimary Registration District No. 1430City Christiana (No. 1)St. Ward

2. FULL NAME

(a) Residence, No. Christiana 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie J. Spainhower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 4 1885</u>		
7. AGE YEARS <u>48</u> MONTHS <u>8</u> DAYS <u>8</u> 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. <u>Farming</u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky, Mo.</u>		
13. NAME <u>James W. Spainhower</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky, Mo.</u>		
15. MAIDEN NAME <u>Willie Dawson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Sellers Spainhower</u> (ADDRESS) <u>about 110</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1800</u> DATE <u>April 14 34</u>		
19. UNDERTAKER <u>Wm. C. Williamson</u> (ADDRESS) <u>110</u>		
20. FILED <u>19</u> <u>Wm. C. Williamson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 12 1934</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>April 12 1934</u> to <u>April 12 1934</u> I last saw him alive on <u>April 12 1934</u> Death is said to have occurred on the date stated above, at <u>1:41 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Angina Pectoris</u> <u>90 P</u>	
Other contributory causes of importance: <u>90 P</u>	
Name of operation <u>Physical</u> Date of <u> </u> What test confirmed diagnosis <u>Physical</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased <u>No</u> If so, specify <u> </u> (Signed) <u>Lewis H. Long</u> , M. D. (Address) <u>Dumas 700</u>	

12502

File No. 12502Registered No.

