

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Towship Boone
City Ash Grove (No.)

Registration District No. 316
Primary Registration District No. 4191

File No. 20070
Registered No.
St. Ward

2. FULL NAME

Edward Streeter Spake

(a) Residence, No. St. Ward. Kansas City, Mo.

(Usual place of abode)
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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/4/1888

7. AGE YEARS 45 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) Dec - 1933 11. Total time (years) spent in this occupation. 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kans.

FATHER
13. NAME I. H. Spake

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

MOTHER
15. MAIDEN NAME Mary E. Payne

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

17. INFORMANT (ADDRESS) J. R. Spake, Ash Grove, Mo.

18. BURIAL, CREMATION, OR DISPOSAL PLACE St. Paul's Catholic Church, Ash Grove, Mo. DATE 6/20/1934

19. UNDERTAKER (ADDRESS) A. Galbraith, Ash Grove, Mo.

20. FILED 6/20 1934 Mrs. Edward Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19/34 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 19, 1934.
I last saw him alive on June 17, 1934. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:
Uremic Coma from Chronic Interstitial Nephritis.
Other contributory causes of importance:
Chronic Valvular Heart Disease.
Date of onset 1920

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) D. Charles H. Carr, M. D.
(Address) Ash Grove, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILED 17 1934

MARGIN RESERVED FOR BINDING

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