

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

Do not use this space.

20493

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Ray Primary Registration District No. _____ Registered No. _____
 City Kansas City Mo. St. Vincent's Hosp. St. 2653 Ward) _____

2. FULL NAME

(a) Residence, No. 1310 Belmont Blvd. Ward. _____ (If nonresident, give city or town and State)
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Specify the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
			<u>1</u>	<u>4</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) (STATE OR COUNTRY) Kansas City Mo.

FATHER 13. NAME Karl Spellum

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

MOTHER 15. MAIDEN NAME Mynette Gappa

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

17. INFORMANT Sister of Vincent Hosp. (ADDRESS) 2300 Holliday

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE June 15, 1934

19. UNDERTAKER Wagner Funeral Home (ADDRESS) Linnwood - Independence St.

20. FILED June 15, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1934, to 6-14 1934
 I last saw him/her alive on 6-13 1934 Death is said to have occurred on the date stated above, at 1:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Prematurity
159
 Other contributory causes of importance:
159

Name of operation _____ 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) R. A. ..., M. D.
 (Address) 1103 Grand Avenue

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 17 1934

