

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

Do not use this space.

21331

1. PLACE OF DEATH

County Nodaway Registration District No. 620
 Township _____ Primary Registration District No. 3031
 City Maryville (No. St. Francis Hospital) St. _____ Ward _____

2. FULL NAME Nancy A. Spoonmore

(a) Residence, No. Ravenwood, Mo. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie W. Spoonmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1853.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 7 3324

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Clay Co. Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Melvin Munkres
Mo.

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

MOTHER 15. MAIDEN NAME Mary Ann McCoy

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

17. INFORMANT Ed Spoonmore
 (ADDRESS) Ravenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ravenwood, Mo DATE June 5, 1934

19. UNDERTAKER Price Funeral Home
 (ADDRESS) Maryville, Mo

20. FILED 6-4, 1934 Maime E. Clardy
 Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1934

22. I HEREBY CERTIFY That I attended deceased from May 29, 1934 to June 3, 1934
 I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis Date of onset _____
162
420B
92W
 Other contributory causes of importance: Renal Liability

Name of operation _____ 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) Chas. J. Bees, M. D.
 (Address) Maryville, 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.

1934 JUL 1 1934

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PUBLIC RECORD.

