

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township West Pk.
City West Pk. (No.)

Registration District No. 417
Primary Registration District No. 3021

File No. 25149
Registered No. 65 St. Ward)

2. FULL NAME

Mrs. Mary Ann Spielman
(a) Residence, No. 420 W. Penn. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 89 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Data 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) Putnam County, Ind.

13. NAME Jesse Hayes

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

15. MAIDEN NAME Susan Creeger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Pk.

17. INFORMANT (ADDRESS) Mrs. Frank Walker, West Pk., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Pk. Cem. DATE July 21, 1934

19. UNDERTAKER (ADDRESS) West Pk. Burial Co., West Pk., Mo.

20. FILED 7-10, 1934 J. H. Craig Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1934 to 7-18, 1934. I last saw her alive on 7-8, 1934. Death is said

to have occurred on the date stated above, at 10:45 m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 824
Arterio Sclerosis
Other contributory causes of importance: Stroke

Name of operation None 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? If so, specify Stroke (Signed) J. H. Craig, M. D. (Address) West Pk., Mo.

AUG 14 1934

