

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.

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

Do not use this space.

SEP 25 1934

30694

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 6033A
 City Clayton (No. St. Louis Co. 2600) St. _____ Ward _____

2. FULL NAME Eugene Spears
 (a) Residence, No. 1204 Albert Webster Home Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15th 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 5 4

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)

11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-12-1934 to 8-19-1934

I last saw him alive on 8-19-1934 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:
Right Parotitis
Left orbital cellulitis
Thrombosis left central
155K retinal artery
115K

Other contributory causes of importance:

Date of onset 8-8-34

12. BIRTHPLACE (CITY OR TOWN) Kirkwood
 (STATE OR COUNTRY) Mo.

13. NAME E.M. Spears

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

15. MAIDEN NAME Sophia St. James

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

17. INFORMANT Lula Spears
 (ADDRESS) 1204 Albert Webster Home Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Father Dickson DATE Aug 23 1934

19. UNDERTAKER Slater & Kemp
 (ADDRESS) Kirkwood Mo

20. FILED 8/23 1934 Robt J. Harkness
 Registrar.

Name of operation none Date of _____

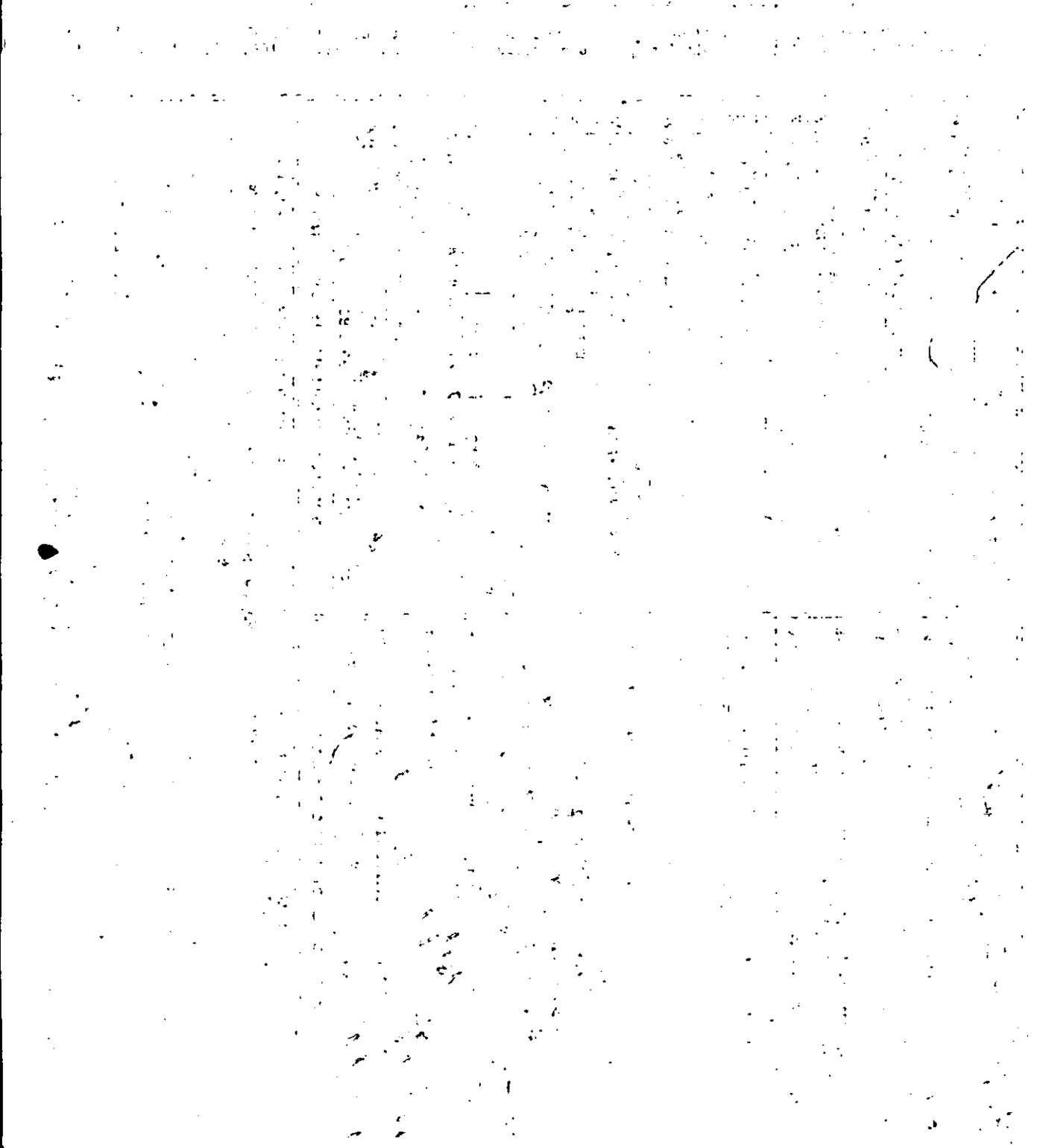
What test confirmed diagnosis? _____ Was there an autopsy? No

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) P. G. Buss M. D.
 (Address) St. Louis County Mo



#2 St. Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

284

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Eugene Spears

Who died at _____ on 8-19-34

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race Col. Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 46 Months _____ Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Right Parotitis, Left orbital

Birthplace of father (State or country) Cellulitis, Thrombosis left

Birthplace of mother (State or country) Central retinal artery

Principal cause of death: (Rt. parotitis - not in sense of mumps, but an acute infectious process involving the parotid gland - possible cause of initial attack of part of infection from abscessed tooth)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 8-19, 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar Robt. Ambrose) Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 490 Very truly yours, E. T. McLaugh

Primary Reg. Dist. No. 6033a State Registrar

Special Agent.

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/54

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

S-300694

S-300694

[Illegible]