

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.

31796

1. PLACE OF DEATH

County North

Registration District No. 905

File No.

Township Allen

Primary Registration District No. 624

Registered No.

City ... (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. T. Spinkhaver</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 3rd 1882</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>6</u>	DAYS <u>9</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	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) Century County Mo

13. NAME Samuel G. Elliot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Century Co, Mo

15. MAIDEN NAME Sarah Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Century Co, Mo

17. INFORMANT D. T. Spinkhaver (ADDRESS) Denver Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Chapel DATE 8-16 1934

19. UNDERTAKER Ben L. Brown (ADDRESS) Denver Mo

20. FILED Sept 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934 to Aug 12, 1934

I last saw him alive on Aug 4, 1934 Death is said

to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis
Angina Pectoris

Date of onset

March

1933

Other contributory causes of importance:

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) Louis N. Long, M. D.

(Address) Denver Ind

