

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

Do not use this space.

OCT 15 1934

32489

1. PLACE OF DEATH

County Gentry
Township Miller
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 313
Primary Registration District No. 5932

File No. _____
Registered No. _____

2. FULL NAME Glenn Spiers

(a) Residence. No. _____ St. _____ 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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 8 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Gentry County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Marriot Spiers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gentry Co.
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lula Robertson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gentry Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Spiers
(Address) Gentry County

15. FILED 1010, 1 Wa Oury REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9 - 1934

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934 to Sept 8, 1934 that I last saw him alive on Sept 8, 1934 and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R. R. Rasner, M. D.

, 19 _____ (Address) Metall Ind

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Grandview Cemetery Sept. 11 1934

20. UNDERTAKER

Clifford Brooke Albany, 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.

