

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

Do not use this space.

DEC 26 1934

38505

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. (Ward)

File No.
Registered No. 274

2. FULL NAME

Edward B Spahr
(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>Male</u>	4. COLOR OR RACE <u>White</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>Louise Spahr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22-1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min. <u> </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RR Agent</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>MK & RR Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 1934</u>	
	11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaumont Mo.</u>		
MOTHER FATHER	13. NAME <u>David Spahr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baltimore Md</u>	
	15. MAIDEN NAME <u>Elizabeth Shields</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs Kate Walden</u> (ADDRESS) <u>Beaumont Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>Nov 21, 1934</u>		
19. UNDERTAKER <u>Goodman & Ball</u> (ADDRESS) <u>Beaumont Mo</u>		
20. FILED <u>11/19/34</u> <u>Alta Selby</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1934 to Nov 19, 1934
I last saw him alive on Nov 19, 1934 Death is said to have occurred on the date stated above, at 6:20 A.M.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of Brain
Paralysis. Right stroke
7 am Nov 18. Last stroke 7 am
Nov 16. 84
82 A
Other contributory causes of importance:
High Blood Pressure
102

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?
If so, specify
(Signed) F B Williamson, M. D.
(Address) Columbia Mo

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.

