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.

DEC 19 1934

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

Do not use this space.

40285

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 383
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 5th & Lamine St. Ward)

2. FULL NAME John C Spitser
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1880

7. AGE — YEARS: 54 — MONTHS: 0 — DAYS: 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo

FATHER
13. NAME Alfred H Spitser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Henrietta Moon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Chas. H. Williams Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL Crown Hill Nov.14 34
PLACE DATE 19

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo

20. FILED 11/14/34 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934, to Nov 12, 1934
I last saw him alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. bronchiae asthma	3-4 yrs
93C	
11 V	
93C	

Other contributory causes of importance:
chr. myocarditis ?

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) J W Boger, M. D.
(Address) Sedalia Mo