

MAY 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12497

1. PLACE OF DEATH

County GreeneRegistration District No. 314Township StanhurPrimary Registration District No. 4190City Stanhur (No.)St. Ward

2. FULL NAME

(a) Residence, No. (Usual place of abode) Stanhur Mo.St. Ward

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

deceased Jacob Spainhouse

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

Dec. 8 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

68420

OCCUPATION

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

at home

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)

Greene Co Mo

FATHER

13. NAME

Jacob McGinley

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

Mo. Ind.

MOTHER

15. MAIDEN NAME

Lydell Wiley

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

Ill.

17. INFORMANT (ADDRESS)

E. E. Spainhouse

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanhur Co Mo DATE 4/29/35

19. UNDERTAKER (ADDRESS)

Laton Phillips

20. FILED

4-285680Seal

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 19, 1935, to April 28, 1935Last saw him alive on April 27, 1935 Death is saidto have occurred on the date stated above, at 11:00 a.m.

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

Date of onset

Cancer of prostate

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

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) Jas. J. Carver, M. D.(Address) Stanhur, Mo.

WHITE 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.

Dr. J. A. Crockett