

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.

MAY 29 1935

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

Do not use this space.

13488

1. PLACE OF DEATH

County Linn
Township
City Marshall (No. _____)

Registration District No. 502
Primary Registration District No. 4305

File No. _____
Registered No. 14 St. _____ Ward _____

2. FULL NAME

M^oCauley Gordon Speer

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 1880

7. AGE YEARS 54 MONTHS 11 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Detective

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) Atlanta Georgia

13. NAME W A Speer

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

15. MAIDEN NAME Roxie Bivens

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

17. INFORMANT (ADDRESS) Mrs M G Speer Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE Apr 10 1935

19. UNDERTAKER (ADDRESS) Jas M Laughlin Marshall Mo

20. FILED 4/6 1935 Oliver Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to April 7 1935
I last saw him alive on April 5 1935 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance: Coronary Atherosclerosis

Name of operation _____ 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. L. Patrick M. D.
(Address) Marshall Mo

JUN 1 1948

JUN 4 1948