

JUN 19 1935

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

Do not use this space.

15738

1. PLACE OF DEATH

County Caldwell
Township Riddle
City (No. _____) _____ St. _____ Ward _____

Registration District No. 97
Primary Registration District No. 5143

File No. _____
Registered No. 3

2. FULL NAME

Mary Francis Spurlock

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Whole Life

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 B. G. Spurlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 - 9 17

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

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. None

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) Caldwell, Mo.

13. NAME Charley M. Cree

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

15. MAIDEN NAME Larinda Carter

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

17. INFORMANT (ADDRESS) Ralph H. Spurlock
Riddle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riddle Cemetery DATE May 26, 1935

19. UNDERTAKER (ADDRESS) H. F. Powell
Riddle, Mo.

20. FILED May 24, 1935 H. F. Powell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929 to May 23, 1935
I last saw him alive on May 13, 1935 Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Chronic Myocarditis and
mitral stenosis
Date of onset (1929) 2 yrs. (1932) 3 yrs.

Other contributory causes of importance: Acute pulmonary edema 24 hrs.

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? no
If so, specify _____
(Signed) C. K. ..., M. D.
(Address) Cameron 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.

