MAY 6 1935

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

Do not use this space.

15892

1918

1. PLACE OF DEATH

County: Clay — Registration District No.: 1918

Township: ~~Fishing river~~ — Primary Registration District No.: 3211

City: Excelsior Springs (No. ..... , ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Barney Spurbeck

(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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	1	19	

OCCUPATION

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

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) Waterloo Mo

FATHER

13. NAME Sylvester Spurbeck

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

MOTHER

15. MAIDEN NAME Katherine Stonestreet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Dan Spurbeck Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE May 7 1935

19. UNDERTAKER (ADDRESS) Claude E. Prichard Excelsior Springs, Mo.

20. FILED 5-7- 1935 Mrs. Rua McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1935, to May 5, 1935

I last saw him alive on May 4, 1935. Death is said to have occurred on the date stated above, at 12:00 A.M.

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

	Date of onset
Lobar Pneumonia	4/26/35
Coronary Sclerosis	several years

Other contributory causes of importance

Name of operation None Date of —

What test confirmed diagnosis? Sleth Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19.....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John T. Grace M. D.

(Address) Excelsior Springs 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.