

OCT 17 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Boone Registration District No. 73  
Township     Primary Registration District No. 3006  
City Columbia (No.    ) St.     Ward    

File No. 28703  
Registered No. 204

## 2. FULL NAME

Susan Frances Spier  
(a) Residence, No. 505 So. 6th 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 Female 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 R. W. Spier  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as applaner, sawyer, bookkeeper, etc. Housewife  
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) Kentucky13. NAME Wade Cook14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT (ADDRESS) Mez Spier  
505 So. 6th18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Ky. DATE 9-30-193519. UNDERTAKER (ADDRESS) Parke Furniture Co.  
Columbia Mo.20. FILED 9/27/1935 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-18-1935 to 9-26-1935  
I last saw him alive on Sept. 26-1935 Death is said to have occurred on the date stated above, at 12 noon  
The principal cause of death and related causes of importance were as follows:

Empysem (Date of onset 9-18-35)  
Other contributory causes of importance:

Name of operation None Date of    What test confirmed diagnosis? Lab. Was there an autopsy?    

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

Accident, suicide, or homicide? No Date of injury    , 19    Where did injury occur? No (Specify city or town, county, and State)

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

Manner of injury HomeNature of injury Home24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify    (Signed) W. A. Dyson, M. D.(Address) Columbia, 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.

