

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

Do not use this space.

JAN 15 1936

35435

1. PLACE OF DEATH *Cass* Registration District No. *151*  
 County *Cass* Township *Coldwater* Primary Registration District No. *5215*  
 City (No. ....) St. .... Ward) *John Ewing Mc Spadden*  
 2. FULL NAME *John Ewing Mc Spadden*  
 (a) Residence. No. .... 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 *M* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Martha E Mc Spadden*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr-16-1855*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*80 6 21*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Retired Farmer*  
 (b) General nature of industry, business, or establishment in which employed (or employer) *Genl Farming*  
 (c) Name of employer *Self*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Co. Mo.*

10. NAME OF FATHER *Humphrey Mc Spadden*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

12. MAIDEN NAME OF MOTHER *Martha Wilson*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

14. INFORMANT *Miss Ed. Lunge* (Address) *Boiler Mo*

15. FILED *11-8-1935* *John B. Bundy* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov-7-1935*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 3*, 19*35*, to *Nov 7*, 19*35* that I last saw *h. l. r.* alive on *Nov. 6*, 19*35*, and that death occurred, on the date stated above, at *9:05* *7* a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
*Recurrent Cerebral Hemorrhage*

CONTRIBUTORY (SECONDARY) *GO* (duration) yrs. mos. ds. *3*

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH? DATE OF ... WAS THERE AN AUTOPSY? *N.* WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Benj. P. Hartwell*, M. D. *11-8-1935* (Address) *Drexel Mo*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Freemans No Cem.* DATE OF BURIAL *Nov-9-1935*

20. UNDERTAKER *W. Hays* ADDRESS *Drexel 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.

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