

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

Do not use this space.

38900

JAN 15 1936

1. PLACE OF DEATH

County Cass Registration District No. 157
 Township Pleasant Hill Primary Registration District No. 5221
 City Pleasant Hill (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 29

2. FULL NAME

James J. Spare
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Maryalice Ware

22. HEREBY CERTIFY, That I attended deceased from Nov. 27, 1935, to Dec. 6, 1935.
 I last saw him alive on Dec. 5, 1935. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-1858

to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 2 18

Myocarditis Date of onset C

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

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

Other contributory causes of importance:
hypertension & arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

Name of operation _____ Date of _____

13. NAME Wm. Ware

What test confirmed diagnosis? _____ Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Harriet Bonamy

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

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

17. INFORMANT (ADDRESS) J. B. Ware Pleasant Hill Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Willis Cemetery Dec 8th 1935

Nature of injury _____

19. UNDERTAKER (ADDRESS) D. M. Noflinger Pleasant Hill Mo

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED Dec 8 1935 Mrs. Etta M. Aldridge Registrar

If so, specify _____ (Signed) L. U. Murray M. D.

(Address) Pleasant Hill, 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.

RECORD THIS IS A PERMANENT RECORD

