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.

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

JAN 17 1936

Do not use this space.

40385

1. PLACE OF DEATH
County: MONROE
Township: JACKSON
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No. .....
Registered No. 66

2. FULL NAME: HENRY CLAY SPILMAN

(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 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT. 12, 1851

7. AGE: YEARS 84 | MONTHS 3 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): 1925
11. Total time (years) spent in this occupation: LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOONE CO. MO.

FATHER

13. NAME: JOHN J. SPILMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VA.

MOTHER

15. MAIDEN NAME: JANE CRAIG
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VA.

17. INFORMANT: VIE SPILMAN
(ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CEDAR GROVE DATE: 12/28, 1935

19. UNDERTAKER: SPEED & BLAKEY
(ADDRESS) PARIS, MO.

20. FILED: 12/27, 1935 H. C. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1935 to 12-26, 1935
I last saw ~~him~~ alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at 11:00 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	Dont Know

Other contributory causes of importance:
Arteriosclerosis

Name of operation: ..... Date of .....
What test confirmed diagnosis: Clinical Was there an autopsy? No

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) M. C. McMurry, M. D.
(Address) PARIS, MO