

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

Do not use this space.

**1. PLACE OF DEATH**  
 County Marion Registration District No. 547  
 Township Mason Primary Registration District No. 3079  
 City Hannibal (No. 500, Edwards)  
 File No. 6813  
 Registered No. 68  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Terry Lee Spalding  
 (a) Residence, No. 500 Edwards 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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>x</u>                                     |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 22, 1936</u>  |                                  |  |
| 7. AGE YEARS<br><u>-</u>   | MONTHS<br><u>-</u>               | DAYS<br><u>28</u>  |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Infant</u> |                                  | IF LESS than 1 day, _____ hrs. or _____ min.                               |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                           |                                  | 11. Total time (years) spent in this occupation                            |
| 10. Date deceased last worked at this occupation (month and year)  |                                  |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Missouri</u>                                    |                                  |  |
| 13. NAME <u>Lee Spalding</u>   |                                  |  |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co., Missouri</u>                                 |                                  |  |
| 15. MAIDEN NAME <u>Firina Wilsey</u>   |                                  |  |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Iowa</u>                                      |                                  |  |
| 17. INFORMANT <u>Lee Spalding [Father]</u><br>(ADDRESS) <u>500 Edwards Hannibal, Mo</u>                      |                                  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Grand View</u> DATE <u>February 21, 1936</u>                   |                                  |  |
| 19. UNDERTAKER <u>Wm M Smith</u><br>(ADDRESS) <u>702 Bldg Hannibal, Mo</u>                                   |                                  |  |
| 20. FILED <u>Feb 21 1936</u> <u>RH Shuler</u><br>Registrar.  |                                  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb. 20, 1936  
 I last saw him alive on Feb. 20, 1936. Death is said to have occurred on the date stated above, at 8:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Dermal Eczematoid Date of onset \_\_\_\_\_  
Inanition  
 Other contributory causes of importance \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. Smith, M. D.  
 (Address) Hannibal 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.

