FEB 10 1936

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

Do not use this space.

7010

1. PLACE OF DEATH Newton
County ~~[illegible]~~ Registration District No. 1[illegible]
Township ~~[illegible]~~ Primary Registration District No. 5[illegible]10
City Richey, Mo. (No. ..... St. ..... Ward)

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

2. FULL NAME Helen H. Spears
(a) Residence, No. Richey Mo. 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 Arthur Spears
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1872
7. AGE YEARS 63 MONTHS 3 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) .....

FATHER
13. NAME Hark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Rebecca Wisegarber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnstown Penn

17. INFORMANT (ADDRESS) Arthur Spears
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Diamond Cem DATE Feb 4 1936
19. UNDERTAKER (ADDRESS) Lanpher Mortuary
20. FILED 2-4 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1936
22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934, to Feb 1st 1936
I last saw her alive on Feb 1st 1936 Death is said to have occurred on the date stated above, at 9:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Melitis	unknown

Other contributory causes of importance: None

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) L C Snell, M. D.
(Address) Neosho R 5

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
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CERTIFICATE OF DEATH

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File No.
Registered No.

1. PLACE OF DEATH
County: Newton — Registration District No.: 1046
Township: Spoal Creek — Primary Registration District No.: 5810
City: Ritchey Mo (No. ..... St. ..... Ward)

2. FULL NAME: Helen H. Spears

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6, 1872

7. AGE — YEARS: 63 — MONTHS: 3 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Hamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME: Rebecca Musgarbee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Arthur Spears

18. BURIAL, CREMATION, OR REMOVAL: PLACE Diamond, Mo. DATE 2/4, 1936

19. UNDERTAKER (ADDRESS): Lamphier Mortuary

20. FILED 4-9, 1936 Ed Jones, Registrar.

SUPPLEMENTAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930 to Feb 1, 1936, I last saw her alive on Feb 1, 1936. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic	
Melitus	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external cause (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) L. E. Snell, M. D.
(Address) Neosho 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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