

MAY 19 1936

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

Do not use this space.

15519

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 325 West 77th Street)

Registration District No. 299
Primary Registration District No. 1002

File No. 2243
Registered No. 2243
St. _____ Ward _____

2. FULL NAME Norman L. Spangler

(a) Residence, No. 325 West 77th Street, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Margaret M. Spangler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1901</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>6</u>
	DAYS <u>18</u>	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. <u>Grocer</u>	
	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) <u>Kansas City Missouri</u>		
FATHER	13. NAME <u>Charles E. Spangler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Rhoda DeTalent</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Margaret M. Spangler 325 West 77th Street</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Apr. 30, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary & Chapel Kansas City, Missouri</u>		
20. FILED <u>Apr 29 1936 m. m. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1936 to 4/27, 1936
I last saw him alive on 4/27, 1936. Death is said

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

Pulmonary Tuberculosis
Tuberculosis of Left Epididymis
Renal Tuberculosis

Date of onset

Other contributory causes of importance:

23

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray - Sputum 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) Samuel [Signature], M. D.

(Address) 713 mad ave Bldg Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. John Eviden

Medical Arts Bldg.

12-4 P. M. - today

J