

APR 27 1936

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

Do not use this space.

18326

1. PLACE OF DEATH

County Vernon
Township Washington
City [Redacted] (No. _____)

Registration District No. 875
Primary Registration District No. 6762

File No. _____
Registered No. 102
St. _____ Ward _____

2. FULL NAME

Spiller, Mae Nettie

(a) Residence, No. State Hospital No. 3, Nevada Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 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 Widow
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Godfrey Illinois

13. NAME E. B. Sturton

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

15. MAIDEN NAME Jane Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs J. E. Walstrom Lebanon

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo DATE April 9, 1936

19. UNDERTAKER (ADDRESS) Palmer Land Co. Lebanon Mo

20. FILED Apr 10 1936 M. C. Kinges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936, to April 8, 1936. I last saw her alive on April 8, 1936. Death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 4-6-36

Other contributory causes of importance: General arteriosclerosis

Name of operation none 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? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Oliver W. Pearce Jr., M. D.
(Address) State Hospital No. 3, Nevada 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.

