

Spoon
MAY 29 1936

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

Do not use this space.

18396

1. PLACE OF DEATH

County *Worth*

Registration District No. *105-7*

Township *Green*

Primary Registration District No. *6214*

City *Green* (No)

St. _____ Ward)

2. FULL NAME

(a) Residence, No. *Reverwood 2nd* 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. *1*

ds. *10*

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 *Charles H. Spooner*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *4/14/36* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Sacramento* (STATE OR COUNTRY) *California*

13. NAME *Henry H. Minner*

14. BIRTHPLACE (CITY OR TOWN) *Don't know* (STATE OR COUNTRY)

15. MAIDEN NAME *Rose Anna*

16. BIRTHPLACE (CITY OR TOWN) *Don't know* (STATE OR COUNTRY)

17. INFORMANT *Chas. Spooner* (ADDRESS) *Reverwood 2nd messenger*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sweet Home* DATE *4/19* 1936

19. UNDERTAKER *J. O. Ross* (ADDRESS) *Reverwood 2nd*

20. FILED *April-18* 1936 *Mrs. C. H. Bond* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 18th* 1936

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 12* 1935, to *Apr. 4* 1936

I last saw him alive on *Mar. 2* 1936 Death is said

to have occurred on the date stated above, at *2 A.* m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation *none* 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? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *J. M. Boyles* M. D.

(Address) *Conception Street*

