

JUL 21 1936

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

Do not use this space.

22637

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township Bohannan Primary Registration District No. 4197
City Bohannan (No.) St. Ward

File No.
Registered No. 42

2. FULL NAME

Robert E. Speer

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1936

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

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1936, to June 2, 1936.
I last saw alive on June 6, 1936 Death is said to have occurred on the date stated above, at 9:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-13-1850

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 3 19

Decalcification Date of onset

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

Other contributory causes of importance:
Infected food resulting in diphtheria

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

13. NAME Robert Speer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Margaret Helso

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Waverly McCallum (ADDRESS) Bohannan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bohannan DATE 6-5-1936

19. UNDERTAKER (ADDRESS) W. H. Nicks Bohannan Mo.

20. FILED 6-6- A. R. Weisler Registrar

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

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

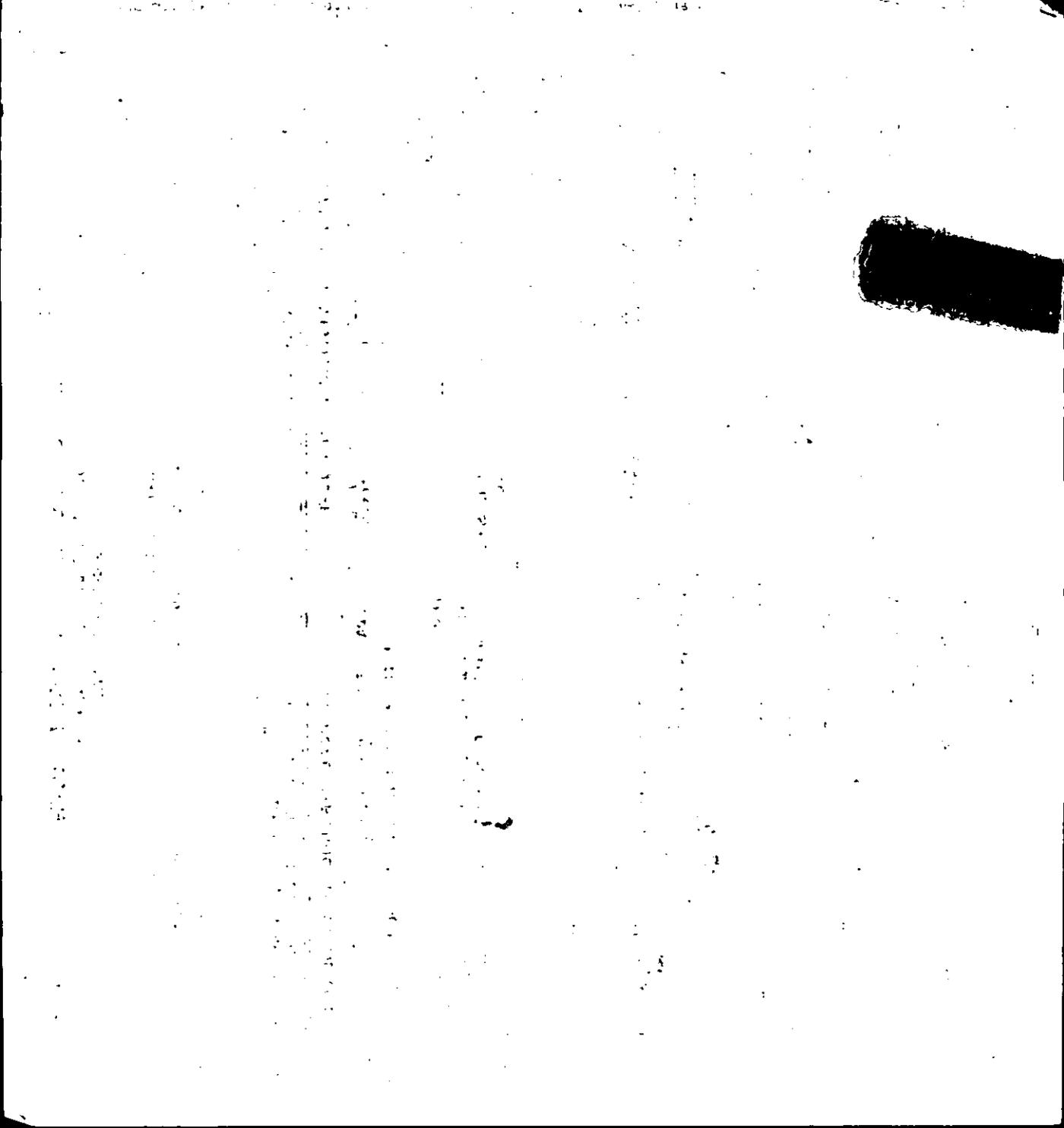
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. P. Proyle, M. D.
(Address) Bohannan Mo

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township
City Bethany (No. _____)

Registration District No. 334
Primary Registration District No. 4197

File No. _____
Registered No. 42
St. _____ Ward)

2. FULL NAME

Robert E. Speer

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

Last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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

86

3

19

Date of onset

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)

Other contributory causes of importance:

Infected hand

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 22, 1934

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

Where did injury occur? down, in front of stairs (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS)

industry unloading egg case

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury crushed right on leg

PLACE _____ DATE _____ 19____

Nature of injury fractured hand

19. UNDERTAKER (ADDRESS)

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

If so, specify _____

20. FILED 6-6-1936 W. W. Williams Registrar

(Signed) J. P. Boyle M. D.
(Address) Bethany, Mo

SUPPLEMENT

S-72637

UNCLASSIFIED

23