

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

Do not use this space.

SEP 23 1936

30711

1. PLACE OF DEATH

County Holt
Township Liberty
City (No.)

Registration District No. 372
Primary Registration District No. 5519

File No.
Registered No. 881
St. Ward

2. FULL NAME

Margaret Mable Springer

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1936

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

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw h alive on and that death occurred, on the date stated above, at 2:30 a m

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1894

THE CAUSE OF DEATH WAS AS FOLLOWS:
Residential Automobile
(duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
43 27

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Holt Co. Mo.
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?

10. NAME OF FATHER W. H. Cook

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. D.
 19 (Address)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Craig
(STATE OR COUNTRY) Holt Co. Mo.

12. MAIDEN NAME OF MOTHER Nana Nash

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Craig
(STATE OR COUNTRY) Iowa

14. Informant Mrs. Jane Uphouse
(Address) Mound City Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1007. Cemetery Craig Mo DATE OF BURIAL 8/8 1936

15. FILED 6-8 1936 J. P. Tracy REGISTRAR

20. UNDERTAKER W. H. Conford ADDRESS Mound City 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.

The following table shows the results of the survey conducted in the year 1948-1949. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item A	12.5
	Item B	8.7
	Item C	15.3
	Item D	9.1
Section 2	Item E	20.4
	Item F	18.9
	Item G	22.1
Section 3	Item H	10.6
	Item I	14.2
Section 4	Item J	17.8
	Item K	13.5
	Item L	19.2
	Item M	11.4
	Item N	16.7
Section 5	Item O	25.3
	Item P	21.8
	Item Q	23.6
Section 6	Item R	18.9
	Item S	15.4
Section 7	Item T	22.1
	Item U	19.7
	Item V	24.5
	Item W	20.3
Section 8	Item X	16.8
	Item Y	14.2
	Item Z	17.9
Section 9	Item AA	12.5
	Item AB	10.1
Section 10	Item AC	18.7
	Item AD	15.3
	Item AE	21.4
	Item AF	13.9
	Item AG	19.6
Section 11	Item AH	23.2
	Item AI	20.8
	Item AJ	24.1
Section 12	Item AK	17.5
	Item AL	14.8
Section 13	Item AM	21.3
	Item AN	18.9
	Item AO	22.7
	Item AP	19.4
Section 14	Item AQ	15.6
	Item AR	13.2
	Item AS	16.8
Section 15	Item AT	11.9
	Item AU	9.7
Section 16	Item AV	20.4
	Item AW	17.8
	Item AX	22.1
	Item AY	15.3
	Item AZ	19.6
Section 17	Item BA	18.9
	Item BB	16.4
	Item BC	19.7
Section 18	Item BD	14.2
	Item BE	12.5
Section 19	Item BF	21.3
	Item BG	18.7
	Item BH	23.6
	Item BI	17.5
Section 20	Item BJ	15.4
	Item BK	13.9
	Item BL	16.8
Section 21	Item BM	11.4
	Item BN	9.1
Section 22	Item BO	20.4
	Item BP	17.8
	Item BQ	22.1
	Item BR	15.3
	Item BS	19.6
Section 23	Item BT	18.9
	Item BU	16.4
	Item BV	19.7
Section 24	Item BW	14.2
	Item BX	12.5
Section 25	Item BY	21.3
	Item BZ	18.7
	Item C0	23.6
	Item C1	17.5
Section 26	Item C2	15.4
	Item C3	13.9
	Item C4	16.8
Section 27	Item C5	11.4
	Item C6	9.1
Section 28	Item C7	20.4
	Item C8	17.8
	Item C9	22.1
	Item CA	15.3
	Item CB	19.6
Section 29	Item CC	18.9
	Item CD	16.4
	Item CE	19.7
Section 30	Item CF	14.2
	Item CG	12.5
Section 31	Item CH	21.3
	Item CI	18.7
	Item CJ	23.6
	Item CK	17.5
Section 32	Item CL	15.4
	Item CM	13.9
	Item CN	16.8
Section 33	Item CO	11.4
	Item CP	9.1
Section 34	Item CQ	20.4
	Item CR	17.8
	Item CS	22.1
	Item CT	15.3
	Item CU	19.6
Section 35	Item CV	18.9
	Item CW	16.4
	Item CX	19.7
Section 36	Item CY	14.2
	Item CZ	12.5
Section 37	Item D0	21.3
	Item D1	18.7
	Item D2	23.6
	Item D3	17.5
Section 38	Item D4	15.4
	Item D5	13.9
	Item D6	16.8
Section 39	Item D7	11.4
	Item D8	9.1
Section 40	Item D9	20.4
	Item DA	17.8
	Item DB	22.1
	Item DC	15.3
	Item DD	19.6
Section 41	Item DE	18.9
	Item DF	16.4
	Item DG	19.7
Section 42	Item DH	14.2
	Item DI	12.5
Section 43	Item DJ	21.3
	Item DK	18.7
	Item DL	23.6
	Item DM	17.5
Section 44	Item DN	15.4
	Item DO	13.9
	Item DP	16.8
Section 45	Item DQ	11.4
	Item DR	9.1
Section 46	Item DS	20.4
	Item DT	17.8
	Item DU	22.1
	Item DV	15.3
	Item DV	19.6
Section 47	Item DW	18.9
	Item DX	16.4
	Item DY	19.7
Section 48	Item DZ	14.2
	Item EA	12.5
Section 49	Item EB	21.3
	Item EC	18.7
	Item ED	23.6
	Item EE	17.5
Section 50	Item EF	15.4
	Item EG	13.9
	Item EH	16.8
Section 51	Item EI	11.4
	Item EJ	9.1
Section 52	Item EK	20.4
	Item EL	17.8
	Item EM	22.1
	Item EN	15.3
	Item EO	19.6
Section 53	Item EP	18.9
	Item EQ	16.4
	Item ER	19.7
Section 54	Item ES	14.2
	Item ET	12.5
Section 55	Item EU	21.3
	Item EV	18.7
	Item EW	23.6
	Item EX	17.5
Section 56	Item EY	15.4
	Item EZ	13.9
	Item FA	16.8
Section 57	Item FB	11.4
	Item FC	9.1
Section 58	Item FD	20.4
	Item FE	17.8
	Item FF	22.1
	Item FG	15.3
	Item FH	19.6
Section 59	Item FI	18.9
	Item FJ	16.4
	Item FK	19.7
Section 60	Item FL	14.2
	Item FM	12.5
Section 61	Item FN	21.3
	Item FO	18.7
	Item FP	23.6
	Item FQ	17.5
Section 62	Item FR	15.4
	Item FS	13.9
	Item FT	16.8
Section 63	Item FU	11.4
	Item FV	9.1
Section 64	Item FW	20.4
	Item FX	17.8
	Item FY	22.1
	Item FZ	15.3
	Item GA	19.6
Section 65	Item GB	18.9
	Item GC	16.4
	Item GD	19.7
Section 66	Item GE	14.2
	Item GF	12.5
Section 67	Item GG	21.3
	Item GH	18.7
	Item GI	23.6
	Item GJ	17.5
Section 68	Item GK	15.4
	Item GL	13.9
	Item GM	16.8
Section 69	Item GN	11.4
	Item GO	9.1
Section 70	Item GP	20.4
	Item GQ	17.8
	Item GR	22.1
	Item GS	15.3
	Item GT	19.6
Section 71	Item GU	18.9
	Item GV	16.4
	Item GW	19.7
Section 72	Item GX	14.2
	Item GY	12.5
Section 73	Item GZ	21.3
	Item HA	18.7
	Item HB	23.6
	Item HC	17.5
Section 74	Item HD	15.4
	Item HE	13.9
	Item HF	16.8
Section 75	Item HG	11.4
	Item HH	9.1
Section 76	Item HI	20.4
	Item HJ	17.8
	Item HK	22.1
	Item HL	15.3
	Item HM	19.6
Section 77	Item HN	18.9
	Item HO	16.4
	Item HP	19.7
Section 78	Item HQ	14.2
	Item HR	12.5
Section 79	Item HS	21.3
	Item HT	18.7
	Item HU	23.6
	Item HV	17.5
Section 80	Item HW	15.4
	Item HX	13.9
	Item HY	16.8
Section 81	Item HZ	11.4
	Item IA	9.1
Section 82	Item IB	20.4
	Item IC	17.8
	Item ID	22.1
	Item IE	15.3
	Item IF	19.6
Section 83	Item IG	18.9
	Item IH	16.4
	Item II	19.7
Section 84	Item IJ	14.2
	Item IK	12.5
Section 85	Item IL	21.3
	Item IM	18.7
	Item IN	23.6
	Item IO	17.5
Section 86	Item IP	15.4
	Item IQ	13.9
	Item IR	16.8
Section 87	Item IS	11.4
	Item IT	9.1
Section 88	Item IU	20.4
	Item IV	17.8
	Item IW	22.1
	Item IX	15.3
	Item IY	19.6
Section 89	Item IZ	18.9
	Item JA	16.4
	Item JB	19.7
Section 90	Item JC	14.2
	Item JD	12.5
Section 91	Item JE	21.3
	Item JF	18.7
	Item JG	23.6
	Item JH	17.5
Section 92	Item JI	15.4
	Item JJ	13.9
	Item JK	16.8
Section 93	Item JL	11.4
	Item JM	9.1
Section 94	Item JN	20.4
	Item JO	17.8
	Item JP	22.1
	Item JQ	15.3
	Item JR	19.6
Section 95	Item JS	18.9
	Item JT	16.4
	Item JU	19.7
Section 96	Item JV	14.2
	Item JW	12.5
Section 97	Item JX	21.3
	Item JY	18.7
	Item JZ	23.6
	Item KA	17.5
Section 98	Item KB	15.4
	Item KC	13.9
	Item KD	16.8
Section 99	Item KE	11.4
	Item KF	9.1
Section 100	Item KG	20.4
	Item KH	17.8
	Item KI	22.1
	Item KJ	15.3
	Item KK	19.6

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Liberty
City _____ (No. _____) St. _____ Ward _____

Registration District No. 372
Primary Registration District No. 55-19

File No. _____
Registered No. _____

2. FULL NAME

Minnie Mable Springer
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day _____ hrs. or _____ min. 43 27

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

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

accidental automobile Date of onset 2:30 a.m.

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

Other contributory causes of importance:

13. NAME

Name of operation none Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Aug 6, 1936

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

Where did injury occur? on highway near Linigan (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Riding in an automobile

17. INFORMANT (ADDRESS)

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

If so, specify _____ (Signed) J. B. Ottman, Cor. B.

20. FILED Aug 13 1936 J. C. Gray, M.D. Registrar

(Address) Crain Holt Co. Inc.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

TEMPORARILY

5-30711