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.

SEP 23 1936

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

Do not use this space.

30756

1. PLACE OF DEATH
County Iron — Registration District No. 391 — File No.
Township ~~Arcadia~~ — Primary Registration District No. 4230 — Registered No. 54
City Ironton Mo. (No. , St. Ward)

2. FULL NAME Tena Spiers
(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

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Spiers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1858
7. AGE: Years: about 78 — Months: ✓ — Days: ✓ — If LESS than 1 day, hrs. or min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME: Green Blanks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER
15. MAIDEN NAME: Emma Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): Arch Blanks, Desota Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton Colored Cemetery DATE 8/3 1936
19. UNDERTAKER (ADDRESS): Ricke & Richardson, Ironton Mo
20. FILED Aug 4 1936 R. A. Rasche, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 3, 1936
22. I HEREBY CERTIFY That I attended deceased from July 29, 1936, to Aug 3, 1936
I last saw her alive on Aug 1, 1936 Death is to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:
Carcinoma, Intestinal — Date of onset 1935
46
Other contributory causes of importance:
Name of operation — 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? (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) G. C. Anson, M. D.
(Address) Ironton Mo