

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

Do not use this space.

DEC 3 1936

791

42888

1. PLACE OF DEATH -

County..... Registration District No.....
Township..... Primary Registration District No..... **1003**
City St. Louis (No. 3958 Flad Ave..... File No.....
..... Registered No. **11449**
..... St. Ward)

2. FULL NAME Roxy Annie Spangler

(a) Residence, No. 3958 Flad Ave..... St., 17 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>77</u>		<u>2</u>	<u>8</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Mattoon, Illinois

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Martha Fickes

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

17. INFORMANT (ADDRESS) Mable Hays
3958 Flad Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mattoon, Ill DATE May 19 1936

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin
2301 Lafayette Ave

20. FILE NOV 13 1936 J. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1936, to Nov 17 1936

I last saw her alive on Nov 16 1936. Death is said to have occurred on the date stated above, at 12:30 p. m.

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

Cerebral Apoplexy Date of onset

Other contributory causes of importance:

Impairment of age

Name of operation None Date of.....

What test confirmed diagnosis? Radium Was there an autopsy? No

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 Stroke

Nature of injury.....

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

If so, specify.....

(Signed) Ursula H. Kemp, M. D.

(Address) 2904 Remond St

Up Ev 1852

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.

