

APR 9 1937

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

Do not use this space.

44349

1. PLACE OF DEATH

County Dent

Registration District No. 310

File No. _____

Township Copper

Primary Registration District No. 5429a

Registered No. 118

City Darlington

(No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elysa Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24 1860</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>9</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Dent Co Mo
(STATE OR COUNTRY)

13. NAME John Spainhower

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

15. MAIDEN NAME Lucinda J. Murphy

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

17. INFORMANT Mrs. Elysa Spainhower
(ADDRESS) Darlington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huggins DATE Dec 4 1936

19. UNDERTAKER Clifford Brooks
(ADDRESS) Albany Mo

20. FILED Dec 5 1936 Matthias David
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

11 - 8 1936, to 11 - 24 1936

I last saw him alive on 11 - 24 1936. Death is said

to have occurred on the date stated above, at 3:45 PM.

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

Chronic Nephritis
Date of onset 10 years ago?

Other contributory causes of importance

Uremia
Nov. 1, 1936

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin 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 _____, 1936

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? no

If so, specify _____

(Signed) Frank H. Rose, M. D.

(Address) Albany Mo

