

JAN 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Caston
City _____ (No. _____)

Registration District No. 538
Primary Registration District No. 5727

File No. 49505
Registered No. 97
St. _____ Ward _____

2. FULL NAME

(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.

Roy Spans

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>2</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>✓</u>	<u>—</u>	<u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>—</u>
10. Date deceased last worked at this occupation (month and year)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morganfield Mo. RFD</u>
	13. NAME <u>D. J. Spans</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doo Run Mo</u>
	15. MAIDEN NAME <u>Mildred Setze</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morganfield Mo</u>
17. INFORMANT (ADDRESS) <u>D. J. Setze</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moore's Chapel</u> DATE <u>Dec 4</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>None</u>	
20. FILED <u>Dec 4</u> 19 <u>36</u> <u>S. C. S. Slaughter</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1936
22. I HEREBY CERTIFY that I attended deceased from did not see to patient 1936
I last saw h. alive alive on alive 1936 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

accidental fall of mother before birth
Date of onset _____

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 accident Date of injury Dec 1936
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury fall from roof
Nature of injury causing death of child

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Mary Patton M. D.
(Address) Fredericktown Mo

Roy C. A. Schwane

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 2-19-36 1 X7284

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.

MARGIN RESERVED FOR BINDING

