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.

APR 8 1937

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

Do not use this space.

V 9770

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1487
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. Menorah Hospital St. Ward)

2. FULL NAME Mary L. Spear
(a) Residence, No. 7434 Prospect St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward B. Spear
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2 - 1861
7. AGE YEARS 76 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Kansas

FATHER
13. NAME George Rowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Houk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred L. Timmig 7434 Prospect, ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mch - 27 - 1937
19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn, ave.
20. FILED 3-27 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch - 25 - 1937
22. I HEREBY CERTIFY That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... P.M.
The principal cause of death and related causes of importance were as follows:
Fracture left femur
Coronary thrombosis - 1860
Gangrene left foot
Date of onset
Other contributory causes of importance:
No
Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/26/37
Where did injury occur? 7434 Prospect Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell at home
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)