

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

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 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph Hospital

File No. 11220

Registered No. 331

St. Ward

2. FULL NAME Jerome Ivan Spalding

(a) Residence, No. 615 So 15th St., Ward.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 13 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 0

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

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

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) St. Joseph Mo

13. NAME A. Casey Spalding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunnewell Mo

15. MAIDEN NAME Mary Edna Chestnut

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT (ADDRESS) Casey Spalding St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivett Cem. DATE Mch 15 1937

19. UNDERTAKER (ADDRESS) Harry Hestler 1024 So 15th St. St. Joseph Mo

20. FILED Mch 15 1937 J. J. Nestlebusch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 13 1937

I HEREBY CERTIFY, That I attended deceased from March 13 1937 to March 13 1937

I last saw him on March 13 1937. Death is said to have occurred on the date stated above, at 3:30 A.

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

Stillborn Prolapsed cord Date of onset 3-13-37

Other contributory causes of importance:

Name of operation Forceps delivery Date of 3-13-37 What test confirmed diagnosis? Clinical 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

Nature of injury

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

If so, specify

(Signed) Cabray Wortley, Jr., M. D.

(Address) 731 Jerome St. St. Joseph, Mo.

