

JUN 18 1937

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

Do not use this space.

1. PLACE OF DEATH

2. County Crawford  
Township Oak Hill  
City                      (No.                     )

Registration District No. 234  
Primary Registration District No. 6319

File No. 19859  
Registered No.                       
St.                      Ward                     

2. FULL NAME Unnamed Son of Oral & Beleva Spurgeon  
(a) Residence, No.                      St.                      Ward                       
(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. (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) Premature Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Premature Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

FATHER  
13. NAME Oral Spurgeon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Corn

MOTHER  
15. MAIDEN NAME Beleva Titter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coseyville Mo

17. INFORMANT (ADDRESS) Beleva Spurgeon

18. BURIAL, CREMATION, OR REMOVAL PLACE John Spurgeon farm DATE 5 18 37

19. UNDERTAKER (ADDRESS) John O Spurgeon

20. FILED June 10 1937 Ellie Rodgers Registrar

MEDICAL CERTIFICATE OF DEATH 5-1837

21. DATE OF DEATH (MONTH, DAY, AND YEAR) about 4-20-37

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                      m.

The principal cause of death and related causes of importance were as follows:  
Dead premature baby  
dead 3 to 4 weeks  
before birth  
Date of onset                       
Other contributory causes of importance:  
Placental separation

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?                      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?                       
If so, specify                       
(Signed) Joseph W Miles, M. D.  
(Address) Owensville, Mo

