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

JUN 2 1 1937

Do not use this space.

20110

1. PLACE OF DEATH
County: Greene
Township: Center
City: ~~Springfield Mo.~~ (No. R. F. D. # 4. St. Ward)

Registration District No. 320
Primary Registration District No. 5443

File No. 5
Registered No.

2. FULL NAME: SPICER ALLEM McDANIEL

(a) Residence, No. R.4. Springfield Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/18/ 1860

7. AGE: Years 76 | Months 6 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general
10. Date deceased last worked at this occupation (month and year) 2/ 1/ 1937.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brownsville
(STATE OR COUNTRY) Ind.

FATHER
13. NAME Ira J. McDaniel
14. BIRTHPLACE (CITY OR TOWN) Brownsville
(STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Malissa Watson
16. BIRTHPLACE (CITY OR TOWN) Jennings County
(STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Sadie McDaniel
(ADDRESS) R.4 Springfield M.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Claar Creek Cem. DATE 2/29/1937, 19

19. UNDERTAKER F.C.Theme
(ADDRESS) Springfield mo.

20. FILED 4/16, 197 Lucy E. Hogel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 / 27 / 1937.

22. I HEREBY CERTIFY, That I attended deceased from 2 / 15 / 1937, 19..., to 2/27/1937, 19...
I last saw him alive on 2/ 26 /, 19 37 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:

	Date of onset
Interstitial Nephritis	?
Other contributory causes of importance: Acute bronchitis.	2/14

Name of operation none Date of
What test confirmed diagnosis? usual s 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) B. J. Windle M D, M. D.
(Address) Bois D'Arc, Missouri.

132a

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Greene — Registration District No. 320 — File No. 20110
Township Center — Primary Registration District No. 3443 — Registered No. 3 —
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Spicer Allen McDaniel
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	6	9	

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

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. UNDERTAKER (ADDRESS) .....

20. FILED 2/28 1937 Lucy E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 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 ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	
Phoenic.	
B. J. Windle M.D.	

Other contributory causes of importance: .....

131

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) B. J. Windle, M. D.
(Address) Bois D. Arc Mo

SUPPLEMENTARY

5-20110