

704 JUL 31 1937

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

Do not use this space.

24758

1. PLACE OF DEATH

County St. Francois  
Township  
City Farmington (No. \_\_\_\_\_)

Registration District No. 773  
Primary Registration District No. 4464

File No. \_\_\_\_\_  
Registered No. 105  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph Franklin Spangh  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 60 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Just about 80 yrs

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 ?

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

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) 24 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca, Mo. Co.

FATHER 13. NAME Johann Miller Spangh 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carlisle

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

17. INFORMANT (ADDRESS) Mrs. Bob Martin

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Cem. DATE June 15 1937

19. UNDERTAKER (ADDRESS) Farmington Und. Co.

20. FILED 6/13 1937 B. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 2 to June 13, 1937  
last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Chronic Bronchitis  
Date of onset

Other contributory causes of importance: 930

Name of operator \_\_\_\_\_ 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) R. J. Robinson, M. D.  
(Address) Springfield, Mo.

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.

