

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.

49  
2  
5  
AUG 24 1937

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

Do not use this space.

27503

1. PLACE OF DEATH

County Jasper Registration District No. 411  
Township Gallatin Primary Registration District No. 2002  
City Joplin Mo. (No. 807 Central) St. \_\_\_\_\_ Ward)

2. FULL NAME

Robert Francis Speer  
(a) Residence, No. 807 Central 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 Widowed  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 10 25

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

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

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) Newtona, Mo.

13. NAME William Speer

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

15. MAIDEN NAME Sarah Pine

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

17. INFORMANT (ADDRESS) Mrs Lois Lewis  
807 Central Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oranoy Cemetery DATE July 25 - 37

19. UNDERTAKER (ADDRESS) Frank Simer Mortuary  
Joplin Mo.

20. FILED 7-24-37 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 - 1937

22. I HEREBY CERTIFY That I attended deceased from 7-23, 1937, to 7-23, 1937

I last saw him alive on 7-23, 1937. Death is said to have occurred on the date stated above, at 12 p.m.

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

Chronic Calcios  
Dehydration -  
Senility -  
Other contributory causes of importance: 120 lb.

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 Ed D James, M. D.  
(Signed) \_\_\_\_\_ (Address) Joplin, Mo.

