

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Rolls
Township Clay
City Clay (No. _____)

Registration District No. 73861
Primary Registration District No. _____

File No. 42238
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 Female 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 James Spotts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1858

7. AGE YEARS 78 MONTHS 3 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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) not known (STATE OR COUNTRY)

13. NAME John Scottfield

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

15. MAIDEN NAME Jane Lowe

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Mrs. E. R. Dodge (ADDRESS) Spalding

18. BURIAL, CREMATION, OR REMOVAL PLACE Spalding DATE Nov 28, 1937

19. UNDERTAKER Wm. H. Couch (ADDRESS) Spalding

20. FILED Nov 28, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1937, to Nov 26, 1937

I last saw him alive on Nov 26, 1937. Death is said

to have occurred on the date stated above, at 5 A.M.

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

Date of onset

Myocarditis

2/28/37

Other contributory causes of importance:

Cholera

Name of operation _____ Date of _____

What test confirmed diagnosis? Myo. Exam 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) C. H. Brooke, M. D.

(Address) Center, 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.

