

JAN 15 1938

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

44729  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township..... Primary Registration District No. 1001  
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Shirley Ann Spray  
(a) Residence, No. Route #6 St. Joseph, Mo. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1937.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>0</u>	<u>10</u>	<u>16</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as 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) St. Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles E. Spray

14. BIRTHPLACE (CITY OR TOWN) Garrettsburg, (STATE OR COUNTRY) No. 7

MOTHER 15. MAIDEN NAME Julia Druzs,

16. BIRTHPLACE (CITY OR TOWN) Wathena (STATE OR COUNTRY) Kansas.

17. INFORMANT Charles E. Spray (ADDRESS) Route 6 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F Cemetery DATE Dec. 7, 1937.

19. FUNERAL DIRECTOR Fred A. Clark (ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED 12-6 1937 J. W. Nestle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1937, to December 5, 1937  
I last saw him alive on Dec. 5, 1937. Death is said to have occurred on the date stated above, at 9:20 P.M.  
The principal cause of death and related causes of importance were as follows:

Chicken bone in trachea followed by asphyxia

Other contributory causes of importance: 1940

Name of operation tracheostomy Date of Dec 27  
What test confirmed diagnosis? X-Ray Was there an autopsy? yes

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) Earl Whitsett, M. D.  
(Address) 824 Edmund

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.

I. X12004

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STATEMENT BY LICENSED EMBALMER

I, Fred D. Clark, Licensed Embalmer No. 1273

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Fred D. Clark*

Licensed Embalmer No. 1273

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**