

DEC'D MAR 14 1938

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

6071  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 35  
(b) Township St. Joseph Primary Registration District No. 1001  
(c) City St. Joseph (d) Street No. St. Joseph's Hospital Registered No. 146  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Gertrude Woodruff Speer 160  
(a) Residence, No. 513 So. 6th. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin L. Speer		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27, 1878		
7. AGE YEARS MONTHS DAYS 59 9 7	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail Milliner	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.		
FATHER	13. NAME Charles Woodruff	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville, Ohio.	
MOTHER	15. MAIDEN NAME Margaret Miller	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Ireland	
17. INFORMANT (ADDRESS) E. L. Speer 513 So. 6th. St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Feb. 7, 1938		
19. FUNERAL DIRECTOR (ADDRESS) Walker Meierhoffer 1302 Faraon St. St. Joseph,		
20. FILED Feb 7 1938 H. J. Nutt Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1937 to Feb. 4, 1938  
I last saw h. alive on Feb. 4, 1938 Death is said to have occurred on the date stated above, at 10:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Fracture of Left Hip. Date of onset 12/19/38  
(Fracture of Femur) 186 a  
39-

Other contributory causes of importance:  
Endocarditis - Chr. Streptococci  
Bacteremia - Acute  
Left Knee - Cellulitis left Hip  
Name of operation: Spinelectomy Hip Date of Dec. 27, 37  
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 12/19, 1938  
Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on icy sidewalk  
Nature of injury Fracture of Left Hip

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) H. J. Thompson, M. D.  
(Address) 825 Charles St. St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly....., Licensed Embalmer No. 3946 Mo.

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

..... L. E. ....

No. 3946 Mo. or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

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.)