

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin
4 Township
0 City Clarke (No. _____)Registration District No. 2844168
Primary Registration District No. 5403File No. 6626
Registered No. 4
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

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

Birt Edgington

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

9/22/78

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

59422

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

Home work

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

Keeping

10. Date deceased last worked at this occupation (month and year)

1-25-3311. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

13. NAME

Wm H Spears

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

Tenn

15. MAIDEN NAME

Caroline Clancy

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

Ky

17. INFORMANT (ADDRESS)

Faye Beards
Clarke, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Stoughton

DATE

2/15-38

19. UNDERTAKER (ADDRESS)

Samuel J. Stewart
Clarke, Mo

20. FILED

12/15 1938J. B. Steinhilber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 193822. I HEREBY CERTIFY, That I attended deceased from 2-6, 1938, to 2-14, 1938I last saw him alive on 2-6, 1938 Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

Cerebral Apoplexy -Date of onset 2-5

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) J. B. Steinhilber, M. D.(Address) Clarke, 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.

