

RECD APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County *C Buchanan*  
Township  
City *St Joseph mo*

Registration District No. *85*  
Primary Registration District No. *1001*  
(No. *St Hospital #2*)

File No. *10215*  
Registered No. *354*  
St. Ward

2. FULL NAME

*Raymond S Spinner 566*  
(a) Residence, No. *State Hospital #2* St., Ward.  
(Usual place of abode)

*Lee Summit MO*  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *11* mos. *27* 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 (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unk*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 1 - 1886*

7. AGE YEARS *51* MONTHS *3* DAYS *24* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Nil*  
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) *unk*

MOTHER 13. NAME *J. B. Spinner*

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

15. MAIDEN NAME *Emma C. Gruff*

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

17. INFORMANT *A. S. Skinner Jr. (Doctor)*  
(ADDRESS) *Lee Summit mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Lee Summit, MO* DATE *Jan 1938*

19. UNDERTAKER *N. B. Longford*  
(ADDRESS) *Lee Summit mo*

20. FILED *Mar 27, 1938* *H. J. Neill*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 25, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *March 21, 1938* to *March 26, 1938*  
I last saw him alive on *March 25, 1938*. Death is said to have occurred on the date stated above, at *10:05 P. m.*

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

Other contributory causes of importance: *108*

Name of operation *Clinical* Date of *rd*  
What test confirmed diagnosis? *Tray* Was there an autopsy? *rd*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *J* 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 *@ Dr. Brasher* M. D.  
(Signed) *State Hospital #2*  
(Address)

WRITE 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.

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