

REC'D JUL 15 1938

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

Do not use this space.

22087

## 1. PLACE OF DEATH

County Jackson  
Township Washington  
City (No. \_\_\_\_\_) \_\_\_\_\_ (Ward)

Registration District No. 404  
Primary Registration District No. 5558

File No. \_\_\_\_\_  
Registered No. 44

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

213

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. (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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.13. NAME Hemphrey E. McSpadden14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peun.15. MAIDEN NAME Martha Ann Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. Howard Lucy (ADDRESS) San Andrew Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Coyant Cem. DATE 6/2 193819. UNDERTAKER E. R. George & Sons (ADDRESS) Jackson Mo20. FILED 7-9 1938 Wm J O Brunner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938

22. I HEREBY CERTIFY That I attended deceased from May 30, 1938, to May 31, 1938  
I last saw her alive on May 30, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Intestinal Gallstone and Arteriosclerosis Date of onset indign

Other contributory causes of importance: 97

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Obvial 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. E. Robinson, M. D.(Address) Warton City Mo

