

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.

1938 AUG 25

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

Do not use this space.

25957

1. PLACE OF DEATH

County Monroe
Township Monroe
City Madison (No. 14341)

Registration District No. 1
Primary Registration District No. 579

File No. _____
Registered No. _____
and St. J. Ward 962
Weather Spoon

2. FULL NAME

Andrew J. Weather Spoon
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 5 -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Monroe Co. Mo

10. NAME OF FATHER Jos Weather Spoon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Donk Kinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Donk Kinn

14. INFORMANT Mrs. Clay Bryan (Address) Madison, Mo

15. FILED 7/15, 1938 Mrs. Freda Thompson REGISTRAR 572

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1938

17. I HEREBY CERTIFY, That I attended deceased from _____ 1938 to _____ 1938 that I last saw him/her alive on July 1st 1938 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
0 930 (duration) 1 yrs. 2 mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. V. Wyatt M. D.
19 Madison (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Madison DATE OF BURIAL July 16 1938

20. UNDERTAKER Summit Hill Cemetery ADDRESS Madison Mo
Chera Thompson

RECEIVED

1952

1952