

REC'D OCT 19 1938

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

31938
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar Registration District No. 163
(b) Township _____ Primary Registration District No. 4095 Registered No. 48
(c) City Edwards Springs (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Odella Spear 1161
(a) Residence, No. _____ St. Fairfield Neb. 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 John Spear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 5 3

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

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) 7-31-38

11. Total time (years) spent in this occupation 48

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

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs C. K. Spears
(ADDRESS) Oak Mills, Kas

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfield Neb DATE 9-17-38

19. FUNERAL DIRECTOR Wm. Siders
(ADDRESS) Edwards Springs, Mo

20. FILED 9-14-38 1938 J. W. Dawson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-12-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cancer of stomach
deceased was passing through Edwards Springs, Mo. at
Date of onset _____

Other contributory causes of importance:
became weakly sick and died in a few months home in Fairfield Neb.

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?
If so, specify _____
(Signed) M. D. Wm. Siders M. D.
(Address) Edwards Springs, 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-17

Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, *W. J. Brown*, Licensed Embalmer No. 2034

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *W. J. Brown*

Licensed Embalmer No. 2034

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.)