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.

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

REC'D OCT 5

32902
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway  Registration District No. 621
(b) Township  Primary Registration District No. 4372  Registered No.
(c) City Elmo  (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 Mary Catherine Spangler. 152
(a) Residence, No.  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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James T. Spangler.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 26, 1856.
7. AGE: Years 81 | Months 11 | Days 19. | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parisburg, Va.

FATHER
13. NAME: Andrew Johnston.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

MOTHER
15. MAIDEN NAME: Poly Ann Peters.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known.

17. INFORMANT (ADDRESS): Mrs. Lula Hall, Elmo, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mount Hope DATE: Sep 16, 1938
19. FUNERAL DIRECTOR (ADDRESS): Price Funeral Home, Maryville Mo.
20. FILED: Sep 15, 1938 Clark D. Hon, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/14, 1938
22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to 9/14, 1938
I last saw h. alive on 9/13, 1938. Death is said to have occurred on the date stated above, at 1:45 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Colon | 7/1/37 |
| Chronic myocarditis | ? |
| Chronic Renal Condition | ? |
| Hypertension | ? |

Other contributory causes of importance:
Senility
HO

Name of operation  Date of
What test confirmed diagnosis?  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? NO
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, John W. Price, Licensed Embalmer No. 3229.

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed John W. Price

Licensed Embalmer No. 3229

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**