

RECORDED JAN 9 1939

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

44130
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps ² Registration District No. 678
 (b) Township Dawson ¹ Primary Registration District No. 5905 Registered No. _____
 (c) City _____ (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 162 Clara Alice Spurgeon

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 G. B. Spurgeon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 11 22
 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) Oak Hill, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Charles Ferris
 14. BIRTHPLACE (CITY OR TOWN) Oak Hill, Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Naugle
 16. BIRTHPLACE (CITY OR TOWN) Oak Hill, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Leslie Spurgeon,
 (ADDRESS) St. James, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bowen Cem. DATE Jan. 2, 1939

19. FUNERAL DIRECTOR S. G. Licklider
 (ADDRESS) Belle, Mo.

20. FILED Jan 2 1939 Clara B. Houck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938, to Dec 31, 1938

I last saw her alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 7 a.m.

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

Lobar pneumonia (bilateral) Date of onset 12/28/38

Other contributory causes of importance: _____

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? No
 If so, specify _____

(Signed) Carroll C. Strickland, M. D.
 (Address) St. James, 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.

STATEMENT BY LICENSED EMBALMER

I, S. G. Licklider, Licensed Embalmer No. 3359

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed S. G. Licklider

Licensed Embalmer No. 3359

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.)