

DEC 6 1939

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

1500
Do not use this space.

1. PLACE OF DEATH
 (a) County Adair Registration District No. 951
 (b) Township Wilson Primary Registration District No. 5037 B. Registered No. 1
 (c) City St. Joseph (d) Street No. RFD #1 Thompson 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 Henry J. Spurling
 (a) Residence, No. 164 (Usual place of abode, if no street address, write county or city) St. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6th 1858
 7. AGE YEARS 80 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 8, 1939, to Jan 16, 1939
 I last saw him alive on Jan 12, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m. H.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Bronchial Pneumonia
 Other contributory causes of importance: 181
Chronic interstitial nephritis

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) J. H. Harrison, M. D.
 (Address) Mexico Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.
 FATHER 13. NAME John Spurling
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
 MOTHER 15. MAIDEN NAME Martha Gibson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
 17. INFORMANT Russell Spurling
 (ADDRESS) Thompson Mo.
 18. BURIAL, CREMATION, OR REMOVAL Liberty Church Cem. 1/16
 (ADDRESS) _____ (DATE) _____
 19. FUNERAL DIRECTOR W. H. Donald
 (ADDRESS) Central Mo.
 20. FILED 1/18, 1939 S. M. Moxley
 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 I X12064

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, Edmond, Licensed Embalmer No. 2589
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not me
L. E. Edmond
No. 2589 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Edmond
Licensed Embalmer No. 2589

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.)