

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.

REC'D FEB 24 1939

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

Do not use this space.

3045

1. PLACE OF DEATH

County Wayne

Registration District No. 547

Township Wayne

Primary Registration District No. 3029

City Hammond

(No. 1906 Market St)

File No. 35

Registered No. 35

St. Wayne

2. FULL NAME

(a) Residence, No. 1906 Market St.

(Usual place of abode)

Ward.

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Ada

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

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

Barber

9. Industry or business in which work was done, as silk mill, 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)

Nebraska

13. NAME

EDWARD SPIDER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nebr

15. MAIDEN NAME

EDITH MANSFIELD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

ILL

17. INFORMANT

(ADDRESS)

Ada Spider
1906 Market St Hammond Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wt O Street

DATE Jan-24-1939

19. UNDERTAKER

(ADDRESS)

James Edgemoor
Hammond Mo

20. FILED

Jan. 25, 1939

W. L. Fisher

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 22 - 1939

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1, 1939, to Jan. 22, 1939

I last saw him alive on Jan. 22, 1939 Death is said

to have occurred on the date stated above, at 3:15 p.m.

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

Pulmonary tuberculosis
Chronic - Probably
22
Date of onset 1939
ask

Other contributory causes of importance:

He has been bed fast for 8 y.
with rheumatoid arthritis
Affecting hand, shoulder, hip
flexing power & feet.
Name of operation None Date of 1939

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None (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) W. L. Fisher, M. D.

(Address) Hammond Mo

