

REC'D MAR 15 1939

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

6653

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 358  
(b) Township Shawnee Primary Registration District No. 3502 Registered No. 2  
(c) City Petersburg (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Jane Mcspadden

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jasper N. Mcspadden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-27-1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>		
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) Ill13. NAME Thompson Tipton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Agnes Herbaugh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT (ADDRESS) Clarence McSpadden Chilhowee, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Huntingdale DATE 1-31-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) O. L. Cook Chilhowee, Mo.20. FILED Feb 11, 1939 E. D. Wilson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-29-39 1939

22. I HEREBY CERTIFY, That I attended deceased from body Jan 30 1939  
I last saw him body on Jan 30 1939 at 9.15 p Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Death due to Natural Causes - pain in chest + shortness of breath apparently due to coronary atherosclerosis  
Date of onset Jan 29/39

Other contributory causes of importance: 44Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? examined 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 noneNature of injury e24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) S. B. Hughes, M. D.(Address) Chilhowee, Mo.

RECEIVED

District Health Officer No.

District File Number 7-39-8

Date Filed 3-7-39

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**