

1939 MAY 19

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

Do not use this space.

14837

1. PLACE OF DEATH

County Century

Township Albany

City Albany

(No. 156)

Registration District No. 309

Primary Registration District No. 4185

File No. 12

Registered No. 12

St. Albany

Ward 1

2. FULL NAME

(a) Residence, No. Ellenora Spahrhauer

(Usual place of abode)

St. Albany

Ward 1

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jacob R. Spahrhauer

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

August 26 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

7

7

at home

OCCUPATION

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

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)

Cincinnati Ohio

FATHER

13. NAME

Wilson Wheeler

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

Germany Ohio

MOTHER

15. MAIDEN NAME

Sophia Fisher

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

Germany Ohio

17. INFORMANT (ADDRESS)

Mrs. Homer Shields Albany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Highland April 5 1939

19. UNDERTAKER (ADDRESS)

Brooks Funeral Home Albany Mo

20. FILED

Apr. 4 1939

W. J. Mather

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 2 1939

22. I HEREBY CERTIFY That I attended deceased from

3-14 1939 to 4-2 1939

I last saw him alive on April 1 1939 Death is said

to have occurred on the date stated above, at 5:30 A.M.

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

Date of onset

Chronic Nephritis 1939

Other contributory causes of importance:

181

Name of operation NV

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

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?

If so, specify

(Signed)

J. H. Barger M. D.

(Address)

Albany 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.

RECEIVED

6. 11

DISPATCHED

39-484

Date Filed

MAY 2 1939