

RECORDED JUN 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20088
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 928
 (b) Township Blotchall Primary Registration District No. 4545
 (c) City Brant City, Mo. (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

MARY ESTHER SPARGUR
 (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>♀</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>Charles Edward Spargur</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1856</u>		
7. AGE <u>82</u>	YEARS <u>9</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired farmer</u>		11. Total time (years) spent in this occupation <u>1</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Planchfield, Indiana</u>		
13. NAME <u>Fredrick Mann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chickensum</u>		
15. MAIDEN NAME <u>Chickensum</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chickensum</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Chester Logan</u> <u>Brant City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sherridan Co.</u> DATE <u>5/7</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Arch C. Duffee</u> <u>Brant City, Mo.</u>		
20. FILED <u>6-9</u> 19 <u>39</u> <u>Arch C. Duffee</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5- 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-2- 1939, to 5-5- 1939
 I last saw her alive on 5-3- 1939. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Mild degeneration of heart
 Date of onset 1937

Other contributory causes of importance:
92 W

Name of operation none Date of _____
 What test confirmed diagnosis? signed findings 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 ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) S. H. Ross, M.D. M. D.
 (Address) Brant City, Mo.

RECEIVED

District Health Officer No. 117

District File Number.....39-692

Date Filed.....JUN 13 1934

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.....

Arch C. Dwyer

Licensed Embalmer No.....3252

P. O. Address.....Grant City, Mo

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.