AUG 7 1939

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

Do not use this space.

24774

File No.

Registered No. 2987

1. PLACE OF DEATH

County Jackson 1 — Registration District No. 399

Township Kaw 1 — Primary Registration District No. 1002

City Kansas City (No. Memorial Hosp St. Ward)

2. FULL NAME Jesse Spurnier (Spurnier)

(a) Residence, No. Amsterdam, Missouri St. Ward.
(Usual place of abode) (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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13, 1855

7. AGE: YEARS 84 — MONTHS 3 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Amanda Town

FATHER

13. NAME William Spurnier 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ohio 1

MOTHER

15. MAIDEN NAME Mary Dungan 1

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

17. INFORMANT (ADDRESS) Elmer Spurnier Hallinger Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Minneapolis Man. DATE 7-25-39

19. UNDERTAKER (ADDRESS) Archer & Margold Amsterdam Mo

20. FILED July 24, 1939 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939 to July 24, 1939

I last saw him alive on July 24, 1939 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

	Date of onset
Cancer of the pyloric region,	1938
of the stomach, completely	
obstructed since May	1939
46	

Other contributory causes of importance:

Surgical shock 3 hours	3 Hr

Enterostomy July 17, '39

Name of operation Gastroenterostomy Date of 7-24-39

What test confirmed diagnosis? Surgical exploration Was there an autopsy? No

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

Accident, suicide, or homicide? no 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) C. D. Furyman, M. D.

(Address) 1314 Professional Bldg.

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

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.

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