

OCT 19 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31855
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 75
 (b) Township Pierces Primary Registration District No. 3-114
 (c) City Brown Station Mo. Street No. Route 1 Registered No. 3-114
 (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

(a) Residence, No. Route 1, Brown Station Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Margaret Alie Alspaw
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1846
 7. AGE YEARS 93 MONTHS 3 DAYS 23 If LESS than 1 day, ... hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

FATHER 13. NAME Henry Alspaw

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

MOTHER 15. MAIDEN NAME Annie Maria Haggard

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

17. INFORMANT (ADDRESS) Mrs. Fern Talley
Route 1, Brown Station

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 8-13-1939

19. FUNERAL DIRECTOR (NAME) Parkers (ADDRESS) Columbia, Mo.

20. FILED OCT 6 1939 Mrs. H. Gullett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1939

22. HEREBY CERTIFY, That I attended deceased from July 14, 1939 to July 30, 1939

I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 8:30 AM.

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

Mitral Insufficiency Date of onset May 1939

Other contributory causes of importance: 92

Name of operation 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, 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) A. R. M. Curran M. D.

(Address) Sturgeon Mo

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, ~~only~~.....

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

Signed

W. W. Whitman

Licensed Embalmer No. *3893*

P. O. Address *Columbia, 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.