

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

36998
 Do not use this space.

NOV 20 1939

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 732
 (b) Township Moniteau Primary Registration District No. 4437
 (c) City Higbee Mo. (d) Street No. 5966 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 Orville Spurling
 (a) Residence, No. _____ St. (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) (STATE OR COUNTRY) Randolph Co Mo.

FATHER 13. NAME Tom Spurling
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo.

MOTHER 15. MAIDEN NAME Claude Hamilton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

17. INFORMANT (ADDRESS) Tom Spurling Higbee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly. Mo DATE Sept. 7 1939

19. FUNERAL DIRECTOR (ADDRESS) Joe W. Burton Higbee Mo

20. FILED Sept. 7, 1939 J. W. Wimmer Local Registrar. 2660 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 1939
 22. I HEREBY CERTIFY That I attended deceased from August 21 1939 to Sept. 5, 1939
 I last saw him alive on Sept. 5, 1939. Death is said to have occurred on the date stated above, at 8:45p.
 The principal cause of death and related causes of importance were as follows:
Typhoid fever

Date of onset
About Sept. 12, 1939

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) J. W. Wimmer Higbee, Mo

MARGIN RESERVED FOR BINDING

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

V. S. NO. 2.
 50M-7-20-37
 I X12004

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

District Health Officer No. 10

District File Number 11-39-1971

Date Filed NOV 10 1939

STATEMENT BY LICENSED EMBALMER

I, Paul T. Miller, Licensed Embalmer No. 2866

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul T. Miller

Licensed Embalmer No. _____

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.)