

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

Do not use this space.

7816

1. PLACE OF DEATH

County Polk Registration District No. 703
 Township Adrian Primary Registration District No. 4424
 City Manassas (No. Geo. Dimmitt Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Fairplay, Mo.
 (Usual place of abode)
 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6 - 1931</u>		
7. AGE	YEARS <u>8</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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) <u>Stemington, Mo.</u>		
FATHER	13. NAME <u>Clifford O. Aspey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheatland, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Maudie Vest</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adonis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Clifford O. Aspey, Fairplay, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bolivar</u> DATE <u>Jan. 24, 1940</u>		
19. UNDERTAKER (ADDRESS) <u>Hutchins & Blue, Bolivar, Mo.</u>		
20. FILED <u>Jan. 30, 1940</u> <u>Ora M. Rich</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1940, to Jan. 22, 1940
 I last saw him alive on Jan. 26, 1940 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
ruptured Sanguineous Aneurysm
Retinal Aneurysm
 Date of onset 1-19-40

Other contributory causes of importance:
Preceded by Bronchial Pneumonia 1-12-40

Name of operation Aneurysmectomy Date of Jan. 17, 1940
 What test confirmed diagnosis: Autopsy 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. J. Sullivan M. D.
Hutchins & Blue (Address)

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.

RECEIVED Officer No. 7,
3-40-455
District Number 3-13-KD
Date Filed