

FILED JAN 13 1941

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

Do not use this space.

42308

1. PLACE OF DEATH

County DadeRegistration District No. 238

Township

Primary Registration District No. 1148

City

Lockwood Mo

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Lora Spain

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

July 10 - 1859

7. AGE

YEARS

81

MONTHS

8

DAYS

9

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.

Confectionery Man

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)

Dade Co Mo

13. NAME

Lewis Spain

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

Jesse

15. MAIDEN NAME

Martha Penn

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

Pa

17. INFORMANT (ADDRESS)

Latter Spain Lockwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lockwood Mo

DATE

Oct 20 1940

19. UNDERTAKER (ADDRESS)

E. Ray Caldwell Lockwood Mo

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 29 1940

22. I HEREBY CERTIFY, that I attended deceased from

1940, to

Oct 18 1940

1940

I last saw him alive on

Oct 18 1940

1940 Death is said

to have occurred on the date stated above, at

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

Cardiac Dropsey

Date of onset

Other contributory causes of importance:

15 1/2

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

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?

If so, specify

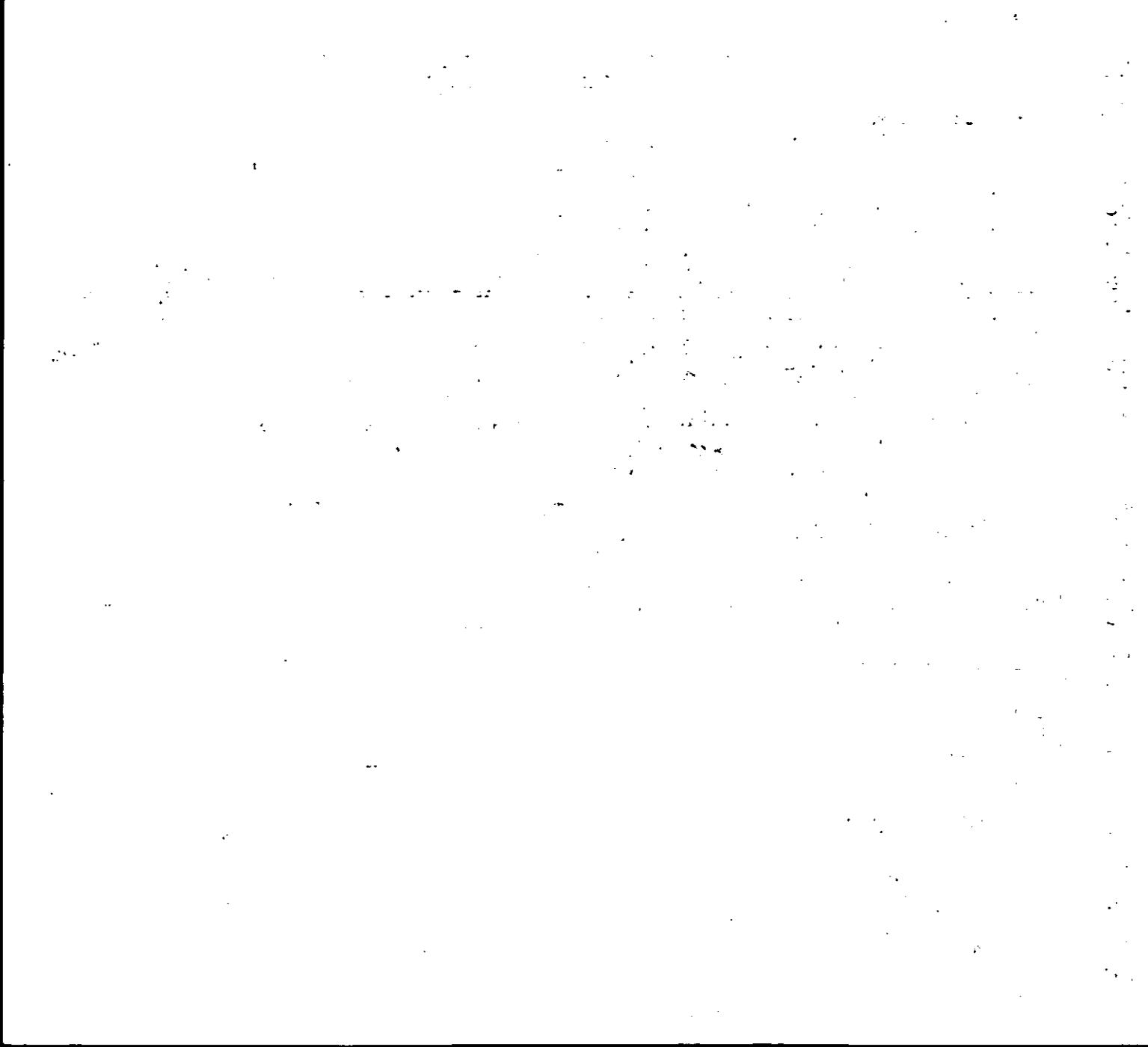
(Signed)

James A. Wren M. D.

215 (Address)

Lockwood Mo

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.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42308

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 238

Primary Registration District No. 4145

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lackwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Levi S. Spain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased. _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 81 Months 8 Days 9 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-14-41 (b) J. A. Wren (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade
(c) City or town Lackwood (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James A. Wren (M. D. or other) _____

Address Lackwood Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

