

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 371

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 27

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Broseley
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Samuel Spurgeon
(b) If veteran, name war _____ (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 2 1900
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Spurgeon
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant William Spurgeon
(b) Address Broseley

17. (a) Burial (b) Date thereof Aug 23 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mole Hill

18. (a) Signature of funeral director Greer Crox Service

(b) Address Poplar Bluff, Missouri

19. (a) 8/23/42 (b) Belle Stinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 8
1942 to Aug 22 1942
that I last saw h. in alive on Aug 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Parasitic Blood - finger
Of autopsy peritoneal fluids
_____ none _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 C Porter (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 8-24-42

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

No. 2
9-4-41
5-17-39
X29484

2
7
3

RECEIVED

District Health Office No. 2,

District File Number 942-1123

Date Filed 9-3-42

SEP 8 1942

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, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed:

Wallace N. Fitch

Licensed Embalmer No. 3889

P. O. Address

Baylan Bluff, Mr

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; fact should be so stated above.