

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

Do not use this space.

**FILED APR 1 1947**

**7812**

**1. PLACE OF DEATH**

County Bates Registration District No. 23  
 Township Mount Pleasant Primary Registration District No. 3000  
 City Butte (No. ....) St. .... Ward .....

**2. FULL NAME**

James Robert Speatt  
 (a) Residence No. .... St. .... Ward. ....  
 (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 (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3-47</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		<u>4</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>Butte Mo</u>		
FATHER	13. NAME <u>Kenneth Speatt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Duport Mo</u>	
MOTHER	15. MAIDEN NAME <u>Minnie M. Kubbin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Duport</u>	
17. INFORMANT (ADDRESS) <u>Kenneth Speatt</u> <u>See above</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Heidelberg</u>	DATE <u>3/9 1947</u>
19. UNDERTAKER (ADDRESS) <u>R. Taylor &amp; Sons</u> <u>Pleasanton, Mo</u>		
20. FILED <u>Mar 11</u> 19 <u>47</u> <u>Fern H. Martin</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-47, 1947

22. I HEREBY CERTIFY, That I attended deceased from 3-7-47 to 3-7-47, 1947  
 I last saw him alive on 3-7-47. Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
James R. Speatt  
 Date of onset 3-4-47

Other contributory causes of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_, 1947  
 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) J. B. Le..., M. D.  
 (Address) Butte, Mo

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.

DATE: 8-31-49  
DISEASE: 8-17-340  
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