FILED FEB 13 1948

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

Do not use this space.

1. PLACE OF DEATH
County Lewis — Registration District No. 178 — File No.
Township La Belle — Primary Registration District No. 5662 — Registered No. 1666
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Winfield Spidle
(a) Residence, No. Lewis County St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Ann Orr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 26-1862

7. AGE: YEARS 86 — MONTHS 0 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): 19 Yrs
11. Total time (years) spent in this occupation: all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County Mo.

FATHER
13. NAME: Frank Spidle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lewis County Mo

MOTHER
15. MAIDEN NAME: Huldah Kendall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs Elsie Leffetter La Belle Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Bell DATE Feb 7 1948

19. UNDERTAKER (ADDRESS): Gerth & Baskett Memphis Mo

20. FILED Feb 9 19 O. W. Jennings MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6, 1948

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1947 to Feb. 6, 1948
I last saw him alive on Feb. 4, 1948. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Feb1

Other contributory causes of importance:
Senility

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 ....., 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) Harry L. McCracken D.O. M.D.
(Address) La Belle, 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.

2-48-309

FEB 11 1948

The body was embalmed by Fred Gerth for
4256

Fred Gerth for
Memphis Mo.