

SEP 28 1927

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

Do not use this space.

24129

1. PLACE OF DEATH

County St. Louis

Registration District No. 333

Township Saylor

Primary Registration District No. 5464

City (No. \_\_\_\_\_) \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Riley Spears

(a) Residence. No. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(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

male

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 - 1853

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. of _____ min.
<u>73</u>	<u>11</u>	<u>19</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT J. A. Wilkerson

(Address) Bramton Mo

15. FILED Sept 27 1927

L. S. Peery

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/31 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan - 1927, to Aug - 28, 1927 that I last saw him alive on Aug - 27, 1927, and that death occurred, on the date stated above, at 4200

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sclerosis of the liver

CONTRIBUTORY (SECONDARY) WVBI

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. S. Sheldon, M. D.  
8/31 1927 (Address) Trenton

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Christian Union

DATE OF BURIAL

8/31 1927

20. UNDERTAKER Wm

R. H. Hemley & Co

ADDRESS

Trenton Mo

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.

