

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

Do not use this space.

31792

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. 78
Primary Registration District No. 100

File No.
Registered No. 9043
St. Ward)

2. FULL NAME

(a) Residence. No. 1314 a N Taylor Co. St. 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. Spauldin</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5/14, 1863</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>3</u>	<u>24</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work..... <u>Seamstress</u>				
(b) General nature of industry, business, or establishment in which employed (or employer).....				
(c) Name of employer..... <u>Jennings Ramsey Co</u>				

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wenatchee, Wis</u>
	10. NAME OF FATHER <u>Fred Freiberg</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Bertha Bachait</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	

14. INFORMANT (Address) <u>Clara Mae Spauldin</u> <u>1314 a N Taylor Co St</u>
--

15. FILED - 9 1923
REGISTRAR M. J. Starkley

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 9th, 1928, to Sept 8, 1928 that I last saw her alive on Sept 6, 1928, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
1245 N. W. 2nd St
92A (duration) 2 yrs. mos. ds.
CONTRIBUTORY Mitral Insufficiency
(SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
1245 N. W. 2nd St
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. H. Harrison, M.D.
, 19 (Address) 706 No. Grand Blvd

*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 <u>Fredricktown Mo</u>	DATE OF BURIAL <u>9/10 1928</u>
20. UNDERTAKER <u>Meek & Dickman</u>	ADDRESS <u>3039 Easton</u>

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.

