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

Do not use this space.

524

1. PLACE OF DEATH

County: Clark — Registration District No.: 193 — File No.:

Township: Des Moines — Primary Registration District No.: 5270 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME Thomas J. Spurgeon

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Surgeon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec.-27-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	0	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Ia.

PARENTS

10. NAME OF FATHER Jeremiah Spurgeon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ohio

12. MAIDEN NAME OF MOTHER Lucinda Bailey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs T. J. Spurgeon (Address) Wayland, Mo.

15. FILED , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 1926, 19, to Jan 18, 1930 that I last saw him alive on Jan 18 1930, 19, and that death occurred, on the date stated above, at 3.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage -

82A

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 14 A 1

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Riggs, M. D

1-21, 1930 (Address) Wayland

*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	DATE OF BURIAL
Frazee	1 - 21 1930
20. UNDERTAKER	**ADDRESS**
H. F. Kircher	Wayland

N. B.—Every ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Clark — Registration District No.: 193 — File No.:
Township: Des Moines — Primary Registration District No.: 3-270 — Registered No.:
City: (No.: , St.: Ward:)

2. FULL NAME: Thomas J. Spurgeon
(a) Residence. No.: St.: 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Annie Spurgeon

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12 - 27 - 1852

7. AGE: Years 77 | Months 0 | Days 21 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Lee, Co. Ia.

PARENTS
10. NAME OF FATHER: Jeremiah Spurgeon
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Morgan, Co. Ohio
12. MAIDEN NAME OF MOTHER: Lucinda Barley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ind.

14. INFORMANT: Mrs. T. J. Spurgeon
(Address): Wayland, Mo.

15. FILED 1-19, 1930. H. F. Kincher, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 18 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1926, to Jan. 18, 1930, that I last saw him alive on Jan. 18, 1930, and that death occurred, on the date stated above, at 3:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Riggs, M. D.
1-21, 1930 (Address) Wayland

*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: Fuzee — DATE OF BURIAL: 1-21 1930
20. UNDERTAKER: H. F. Kincher — ADDRESS: Wayland

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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