

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

Do not use this space.

12993

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.

May 26 1930

1. PLACE OF DEATH

County Jasper
Township Jackson
City (No.)

Registration District No. 408
Primary Registration District No. 5563A

File No.
Registered No.
St. Ward

2. FULL NAME

Melvin Carter Spry

(a) Residence. No. 515 Central St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Cole Spry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Powder Mill Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Hercules Pow. Co

9. BIRTHPLACE (CITY OR TOWN) Arilla
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lewis E. Spry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ida E. Monett

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

14. INFORMANT L. E. Spry
(Address) Carthage Mo R-4

15. FILED 4/7, 1930 E. H. Kitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 16 1930, to Apr 16 1930, that I last saw live on Apr 16 1930, and that death occurred, on the date stated above, at 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nitro glycerine explosion
(Hercules) Powder factory

194 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 202 (duration) mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Sam Sennance M. D.

4/16, 1930 (Address) Coroner Jasper Co

*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 Part Cemetery DATE OF BURIAL 4-17 1930

20. UNDERTAKER Wm. - phone ADDRESS Carthage

