

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

Do not use this space.

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1. PLACE OF DEATH
 County Dunklin Registration District No. 290
 Township East Salmon Primary Registration District No. 5408
 City Arbuda (No. _____) St. _____ Ward _____

2. FULL NAME M. C. White Spillers
 (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 10 yrs. 0 mos. 0 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) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1929

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
— | 10 | — | — | — | — | — | —

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

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-14-30

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1930 to July 14, 1930 but I last saw him alive on July 14, 1930, and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congestion of Stomach and bowels
28
11913 (duration) yrs. mos. ds.
1182

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragould Ark.

10. NAME OF FATHER S. F. Spillers

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

12. MAIDEN NAME OF MOTHER Lulu S. White

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. White M. D.
 , 19 Carway Ark.

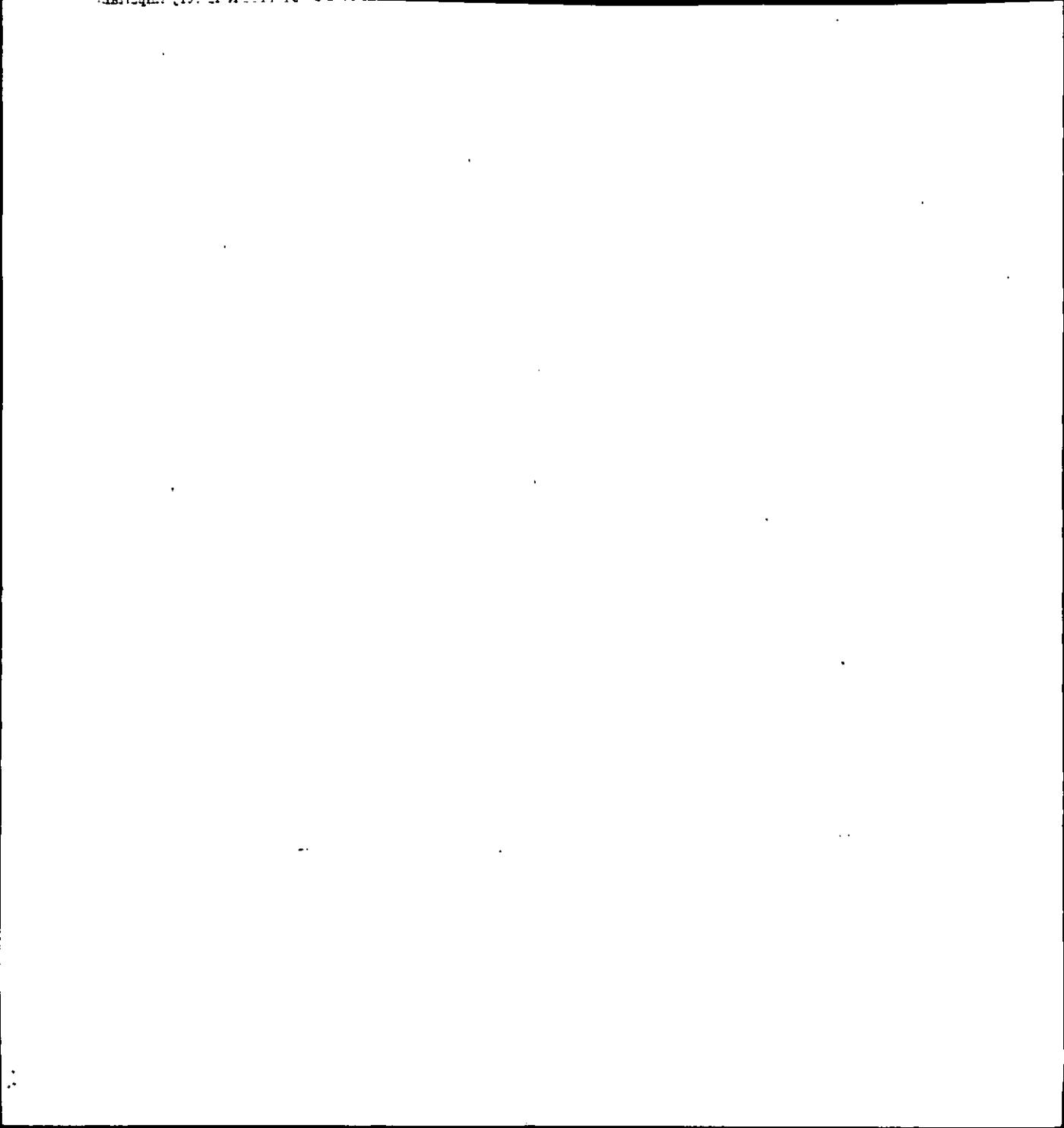
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) S. F. Spillers
Arbuda, Mo.

15. FILED 7-14-30 J. H. Burson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lulu Cemetery **DATE OF BURIAL** 7-14-30

20. UNDERTAKER Liggett's Und. Co. **ADDRESS** Cardwell



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn
Township Salem
City McWhite Spillers (No. _____)

Registration District No. 290
Primary Registration District No. 3408

File No. _____
Registered No. 53
St. 53 Ward _____

2. FULL NAME

McWhite Spillers

(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. 10 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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 - 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	-	10	-	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Paragould Ark
(STATE OR COUNTRY)

10. NAME OF FATHER G. P. Spillers

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

12. MAIDEN NAME OF MOTHER P. White

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

14. INFORMANT G. P. Spillers
(Address) Arbuda mo.

FILED 10-1 1930 H. P. Spillers MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/14 1930

17. I HEREBY CERTIFY That I attended deceased from July 12 to July 14, 1930
that I last saw him alive on July 14, 1930 and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
congestion of stomach and bowels caused by malaria
(duration) _____ yrs. _____ mos. 11 ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. W. White M. D.
, 1930 (Address) Caraway Ark

*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 Tula Cemetery DATE OF BURIAL 7-14 1930

20. UNDERTAKER Riggs and Co ADDRESS Cardwell

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
SUPPLEMENTARY**

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