

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

Do not use this space.

40278

1. PLACE OF DEATH

County Osage
Township Rollington
City Osage (No. _____)

Registration District No. 1124
Primary Registration District No. 5851a

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

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Anna (Kielke) Spellerberg

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

Oct 4 - 1857

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. or _____ min.

71

2

18

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Neethytown

(STATE OR COUNTRY)

MO.

10. NAME OF FATHER

Frank Spellerberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Neethytown

(STATE OR COUNTRY)

Germany, Europe

12. MAIDEN NAME OF MOTHER

Katy Bachhaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Neethytown

(STATE OR COUNTRY)

Germany, Europe

14. INFORMANT

Jos G. McEliff

(Address)

Osage, MO.

15. FILED

Jan 10 1931 Mrs. D. L. Beedler

REGISTRAR

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

Dec 22 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 1930

1930 to Dec 22 1930 and that I last saw him alive on Dec 22 1930, and that death occurred, on the date stated above, at 10:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma

46B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Place of death

DID AN OPERATION PRECEDE DEATH? no. DATE _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Rodencher M. D.

(Address) Osage, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

McAlloys, Osage, Mo

DATE OF BURIAL

Dec 26 1930

20. UNDERTAKER

S. F. Dickliden

ADDRESS

Belle, Mo.

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.

