

WRITE PLAIN WITH UNFADING INK---THIS IS A PERMANENT RECORD

LB 27 1934

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.

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 Carter
Township Pike
City (No. , , ,)

Registration District No. 146
Primary Registration District No. 5209

File No.
Registered No.
St. Ward

2. FULL NAME Amanda McSpadden

(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 60 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>Samuel McSpadden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1850</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>7</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME Adam Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT Dallas McSpadden
(ADDRESS) Fremont, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carter Co. Fremont Feb. 1, 1934

19. UNDERTAKER W. C. Gray Van Buren
(ADDRESS) Mo.

20. FILED Feb. 9 1934 Jessie D. Schupp
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1934
22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation
95%
Exposure to Poison

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. Gray Coroner M.D.
(Address) Van Buren, Mo.

