

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

Do not use this space.

NOV 20 1934

37018.

1. PLACE OF DEATH

County Polk
Township Marion
City _____

Registration District No. 761
Primary Registration District No. 3930

File No. _____
Registered No. 62
St. _____ Ward) _____

2. FULL NAME

Bill Spoon
(a) Residence No. Springfield Mo 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 7 1934 to Oct 7 1934
I last saw him alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108
4
Other contributory causes of importance: 106

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. W. Bridges M. D.
(Address) 3014 W. 13th St. - Mo.

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

MOTHER FATHER

13. NAME Jake Spoon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Harrison Mo

15. MAIDEN NAME _____

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

17. INFORMANT Louis Spoon
(ADDRESS) Professional

18. BURIAL, CREMATION OR REMOVAL
PLACE Salisbury DATE Oct 8 1934

19. UNDERTAKER Bulchison - Blum
(ADDRESS) Salisbury

20. FILED Oct 8 1934 J. F. Roberts
Registrar.

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.

1951
1951

for
for

1951

1951

1951

1951

1951