

FEB 17 1937

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

Do not use this space.

2052

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

J. H. Spiddle

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

Aug-26-1872

7. AGE

YEARS
64MONTHS
4DAYS
23

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

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)

Lewis Co Mo

13. NAME

Newton Chambers

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

Lewis Co Mo

15. MAIDEN NAME

Marguerite McMilla

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

Lewis Co Mo

17. INFORMANT (ADDRESS)

O. S. Spiddle
Russell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green Ridge

DATE

Jun 21

1937

19. UNDERTAKER (ADDRESS)

Guth Chambers
Russell Mo

20. FILED

1/21

1937

J. L. Bourne

Registrar

MEDICAL CERTIFICATE OF DEATH

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

January 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

January 18, 1937, to January 19, 1937

I last saw her alive on January 18, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Crescent nephritis
or Bright's disease

Date of onset

Other contributory causes of importance:

High Blood Pressure
Cystonphritis vesicalis
in Testes

Name of operation

Hemorrhoids

Date of life

What test confirmed diagnosis? Clinical

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, 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. L. Coote

D.O.M.D.

(Address)

So. 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.

