JUL 31 1937

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

Do not use this space.

24765

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City ~~Farmington, Mo.~~ (No. , St. Ward)
Registration District No. 223
Primary Registration District No. 6018A
File No.
Registered No. 107

2. FULL NAME Angela Jamnick Spinkle
(a) Residence, No. Poplar Bluff, Mo. 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. 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): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy Spinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 13, 1907

7. AGE: 35 — YEARS: 30 — MONTHS: 5 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minnesota

FATHER
13. NAME: Joe Jamnick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria (Jugoslavia)

MOTHER
15. MAIDEN NAME: Anna Kostelc
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugoslavia (Austria)

17. INFORMANT (ADDRESS): Hospital Records, Farmington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Woodlawn Cemetery, ~~Poplar Bluff, Mo.~~ DATE: June 17, 1937

19. UNDERTAKER (ADDRESS): Frank Undertaking Co., Poplar Bluff, Missouri

20. FILED 6/15 1937 B. J. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to June 15, 1937
I last saw her alive on June 14, 1937. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	10-1-36
Other contributory causes of importance: Chronic encephalitis	1928

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? no
If so, specify .....
(Signed) Paul J. Schrader M.D. M. D.
(Address) Farmington, 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.

WHITE PLAINE WITH UNFADING INK—THIS IS A PERMANENT RECORD

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