N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

AUG 19 1937

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

Do not use this space.

26693

1. PLACE OF DEATH

County: BUCHANAN — Registration District No.: 85 — File No.: 26693

Township: WASHINGTON — Primary Registration District No.: 1001 — Registered No.: 781

City: ST. JOSEPH, (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME: INFANT SPANGBERG

(a) Residence, No. 123 N. 15TH, St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 10, 1937.

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: INFANT
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): ST JOSEPH, MISSOURI

FATHER

13. NAME: VICTOR A. SPANGBERG,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. JOSEPH, MISSOURI

MOTHER

15. MAIDEN NAME: DIXIE MILLER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): AGENCY, MISSOURI

17. INFORMANT (ADDRESS): VICTOR A. SPANGBERG 123 N 15th St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MT. MORA, CEM. DATE: JULY 12, 1937.

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED July 12, 1937 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to July 10, 1937

I last saw him alive on ——, 19.... Death is said to have occurred on the date stated above, at 8:00 AM m.

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

Placenta Previa — Date of onset: Dec. 36

Other contributory causes of importance:
asphyxiation
asphyxiation

Name of operation: none — Date of ....

What test confirmed diagnosis? Phy Ex — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — 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: no

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature], M. D.

(Address) 825 Charlton St Joseph Mo