

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

Do not use this space.

OCT 20 1937

34497

1. PLACE OF DEATH
 County JASPER Registration District No. 411
 Township _____ Primary Registration District No. 2002
 City JOPLIN (No. FREEMAN HOSPITAL) St. _____ Ward _____

2. FULL NAME MARY B. SPOONER
 (a) Residence, No. 2427 Main 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GUY SPOONER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-12-1882

7. AGE YEARS 55 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) CLAY CO. IND.

13. NAME ROGER WALLACE

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

15. MAIDEN NAME ELIZABETH MORAN

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

17. INFORMANT GUY SPOONER
(ADDRESS) JOPLIN MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MALHOPE DATE 9/14 37

19. UNDERTAKER HURLBUT UND. CO
(ADDRESS) JOPLIN MO

20. FILED 9-13-37 Ed D. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1937 to Sept 12 1937
 last saw him alive on Sept 12 1937 Death is said to have occurred on the date stated above, at 11:50 m.

The principal cause of death and related causes of importance were as follows:
Acute pulmonary edema. Probably acute dilatation of heart.
 Other contributory causes of importance:
Hypertension & chronic hypertrophy of heart & coronary arteries.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Karl F. Jeff M. D.
 (Address) Joplin Mo

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.



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