

JAN 20 1938

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

Do not use this space.

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1. PLACE OF DEATH

17 County Cass Registration District No. 156 File No. _____
Township _____ Primary Registration District No. 4090 Registered No. _____
City Harrisonville St. _____ Ward _____

2. FULL NAME Heram Edwin Ree Speer 1 + 10

(a) Residence, No. _____ 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 Male 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 Elyzabeth E. Speer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 4 29

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Manager Rumber yard

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) Missouri

13. NAME Heram A. Speer

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

15. MAIDEN NAME Sarah A. Smith

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

17. INFORMANT Marion Speer

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE 1/8 1938

19. UNDERTAKER Rumberbergers

(ADDRESS) Harrisonville Mo

20. FILED Jan 8 1938 E. M. Guffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:30 PM

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

Gun shot wound
no witness

Other contributory causes of importance:

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 Jan 7 1938

Where did injury occur? Harrisonville, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In place of business
gunshot wound

Number of injury _____ Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Egar M Guffin M. D.

(Address) Harrisonville Mo

Cass County

195 -

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-4

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 1576
 (b) Township _____ Primary Registration District No. 4090 Registered No. _____
 (c) City Harrisonville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hiram Sidney Lee Spicer
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>4</u>	<u>29</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 8 1938 B. M. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw him alive on _____, 19__ Death is said

to have occurred on the date stated above, at _____ m.

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

gunshot wound to witness
 Date of onset _____

Other contributory causes of importance: 1690

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? suicide Date of injury Jan 7 1938

Where did injury occur? Harrisonville, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury gunshot

Nature of injury through parietal bones

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edgar M. Griffith, M. D.

(Address) Harrisonville, Mo. Coroner of Cass county

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

