

REC'D OCT 19 1938

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

31996

Do not use this space.

## 1. PLACE OF DEATH

(a) County Clay Registration District No. 197  
(b) Township Gallatin Primary Registration District No. 5226A  
(c) City North Kansas City Street No. Route # 5 Registered No. \_\_\_\_\_  
(d) Length of residence in city or town where death occurred 13 1/2 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Elizabeth Spotts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22, 1858

7. AGE YEARS 80 MONTHS 6 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) July 1, 1938 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) Greenburg (STATE OR COUNTRY) Ohio

13. NAME John Lewis Spotts 9

14. BIRTHPLACE (CITY OR TOWN) Greenburg (STATE OR COUNTRY) Ohio 9

15. MAIDEN NAME Wetzel

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

17. INFORMANT Mrs Elizabeth Spotts (ADDRESS) North 11th Route # 5

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE Sept 27, 1938

19. FUNERAL DIRECTOR (NAME) Meyer (ADDRESS) North Kansas City Mo

20. FILED Oct. 5, 1938 Viola C. Meyer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 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 \_\_\_\_\_ m.

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

Essential Hypertension  
& atherosclerosis

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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Ash M. D.

(Address) Commercial Bldg N.E.C.

RECEIVED  
District Health Officer No. 8  
District File Number 10/14/38  
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Harold J. Pearson*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Harold J. Pearson*

Licensed Embalmer No. 3605

P. O. Address

*1212 1/2 St. N.W.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**