

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH5776  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Audrain Registration District No. 912  
 (b) Township Cuirva Primary Registration District No. 6232A Registered No. 7  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) 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.

## 2. PRINT FULL NAME

Helen Sumanthia Spotser  
 (a) Residence, No. Ladonia Mo 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 female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF James M Spotser  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo

FATHER 13. NAME Noten Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME " "

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

17. INFORMANT (ADDRESS) James M Spotser  
Ladonia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE, DATE Ladonia Mo Feb 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. G. Granger  
Ladonia Mo

20. FILED Feb 18 1939 Came J. Utterback  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb, 9th. 1939 to Feb 10 1939

I last saw her alive on Feb. 10 1939 Death is said to have occurred on the date stated above, at 3 P.m.

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

Myocarditis following Influenza Date of onset Jan, 1939

Other contributory causes of importance:  
Fibroid Tumor of Uterus

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical 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) W. H. McCall M. D.  
Ladonia Mo. (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-39-282

Date Filed MAR 13 1939

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, \_\_\_\_\_

*H. G. Grainger*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_ working under my personal supervision

Signed *H. G. Grainger*

Licensed Embalmer No. 1297

P. O. Address Ladonia, Mo

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.