

REGD MAR 15 1939

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

6378
Do not use this space.

1. PLACE OF DEATH
 (a) County DeKalb, Registration District No. 262
 (b) Township Union Star, Primary Registration District No. 4161
 (c) City Union Star, (d) Street No. Union Star, Mo. Registered No. _____
 (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 1 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME Mary Grace Speaker,
 (a) Residence, No. Union Star, Missouri, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Charles E. Speaker,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1872
 7. AGE YEARS 66 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 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) Cromwell, (STATE OR COUNTRY) Iowa
 FATHER 13. NAME Jachariah Garreth,
 14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Pennsylvania,
 MOTHER 15. MAIDEN NAME Mary Degan,
 16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Pennsylvania,
 17. INFORMANT Charles E. Speaker, (ADDRESS) Union Star, Missouri,

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939
 I HEREBY CERTIFY That I attended deceased from Feb. 1, 1939, to Feb. 16, 1939
 I last saw him alive on Feb. 15, 1939. Death is said to have occurred on the date stated above, at 12:00 a.m. noon
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
arteriosclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____

Date of onset
2/2/39

18. BURIAL, CREMATION; OR REMOVAL PLACE St. Jo. Mem. Park DATE Feb'y 18, 1939
 19. FUNERAL DIRECTOR (NAME) Newton Bogal & Baum (ADDRESS) 319 So. 10th. Str. Lumber & Coal
 20. FILED 2-17, 1939 E. M. Keppner Local Registrar. 237 (Address) Union Star, Mo.

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.

RECEIVED

District Health Officer No. 111

Plate No. 29-82

DATE MAR 9 1936

2961 E I NOD

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

July 16, 1936

or by

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

Signed

W. E. Summerfield

Licensed Embalmer No.

3007

P. O. Address

319 So 10th St. Jax

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.