

REC'D MAR 20 1939

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

7260
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
 (b) Township JACKSON Primary Registration District No. 5779 Registered No. 4
 (c) City _____ (d) Street No. MONROE Co., Mo. _____ St.
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

145 JOHN SPILMAN
 (a) Residence, No. MONROE Co., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 12, 1846
 7. AGE YEARS 92 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FAYMES
 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) MAY, 1935 11. Total time (years) spent in this occupation ACTIVE LIFE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 17, 1939.
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939 to Feb 17, 1939
 I last saw him alive on Feb 1, 1939 Death is said to have occurred on the date stated above, at 3:20 PM
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset FEB 17 1939
g. a. B.
 Other contributory causes of importance: nitro-glycerine P.A.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND VA.
 13. NAME JOHN W. SPILMAN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.
 15. MAIDEN NAME JANE CRAIG
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.
 17. INFORMANT MISS V. SPILMAN. (ADDRESS) PARIS, Mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE CEDAR GROVE DATE FEB. 19, 1939
 19. FUNERAL DIRECTOR (NAME) SPEED & BLAKEY (ADDRESS) PARIS, Mo.
 20. FILED 2-18-39 F. A. BARNETT, M.D. Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) W. M. R. [Signature], M. D.
 (Address) PARIS, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. 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. 10

District File Number 10-39-360

Date Filed MAR 14 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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

A. B. Blakey

Licensed Embalmer No. 2616

P. O. Address

Paris, 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.