

26 JUN 20 1939

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

18447
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 212
(b) Township Clark Primary Registration District No. 5292
(c) City or City (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 Betty Lou Spalding

(a) Residence, No. Henly Cole 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

3. SEX Female 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Three 17
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) (STATE OR COUNTRY) Cole Co., Mo.
13. NAME Herbert Spalding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co.
15. MAIDEN NAME Ruby Angeline Robinett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co., Mo.
17. INFORMANT P.E. Robinett
(ADDRESS) Henley, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Henley Cem. DATE 5/18/39
19. FUNERAL DIRECTOR (NAME) Perry Robinett
(ADDRESS) Henley, Mo.
20. FILED 5/18 1939 Mrs. J.R. Glown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 17, 1939, 19____.
I last saw her alive on May 13, 1939, 19____. 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:
Acute Bronchitis Date of onset 5/8/39
10 days
Other contributory causes of importance:
Malnutrition from birth.
Name of operation None Date of _____
What test confirmed diagnosis Physical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury _____, 19____
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? X
If so, specify X
(Signed) Geo. H. J. Shirley, M. D.
(Address) Eugene, Missouri.

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.