WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

REC'D JUL 8 1939

Do not use this space.

21987

1. PLACE OF DEATH
34 County Douglas
Township Benton
City ..... (No. ..... St. ..... Ward)

Registration District No. 272
Primary Registration District No. 5379

File No. .....
Registered No. 15

2. FULL NAME 164 James M. Spurlock
(a) Residence, No. Ava Mo St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Priscilla Spurlock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1868

7. AGE YEARS 70 MONTHS 7 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo 0

FATHER
13. NAME John M. Spurlock 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Nancy M Sheton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Vally Pruitt Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava DATE 4-13 1939

19. UNDERTAKER (ADDRESS) C V Clinkingbeard Ava Mo

20. FILED 7-1 1939 Henry Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 1939

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:

Apoplexy — Date of onset 3-30-39

Other contributory causes of importance: Hypertension & Arterio Sclerosis — Dont Know

Name of operation Hyp Ex 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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. M. Norman, M. D.
245 (Address) Ava Mo

RECEIVED

District th Officer No. 6,

District 739-1348

Date Filed JUL 5 1939