

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

33338  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Ray Registration District No. 744  
 (b) Township Richmond Mo. Primary Registration District No. 3035  
 (c) City Richmond Mo. (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** Ida Speer

(a) Residence, No. \_\_\_\_\_ 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <b>J. S. Speer</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 2. 1877</b>		
7. AGE <b>62</b> YEARS	MONTHS ----	DAYS <b>8</b>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>House Duties</b>	
	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) <b>Camden Mo.</b>		
FATHER	13. NAME <b>Thomas Merideth</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Camden Mo.</b>	
MOTHER	15. MAIDEN NAME <b>Sallie Faus</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Santa Fe Mo.</b>	
17. INFORMANT (ADDRESS) <b>J. S. Speer Richmond Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Richmond Mo.</b> DATE <b>Sept. 13. 1939</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>E. Thurman Richmond Mo.</b>		
20. FILED <b>Oct 1 1939</b> <b>Malcolm Jackson</b> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10. 1939**, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Sept 10, 1939  
 I last saw h. alive on Sept 10, 1939 at 8:30 A.M. Death is said to have occurred on the date stated above, at \_\_\_\_\_ M. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
 Date of onset 7-7-39  
J. S. Speer  
 Other contributory causes of importance:  
Hypertension (essential)  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? P.E. 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) H. M. Griffith M. D.  
 (Address) Richmond Mo

K. 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. 8,  
License File Number  
Date Filed 10/5/39

**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.**