

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17824

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Boone Missouri
 (b) City or town Columbia Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Boone County Hospital
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution 2 hours
 (Specify whether
 In this community: you resided
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
 (c) City or town Fayette, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. P. O.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Spry, Mary Edna 160

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Virgil Spry 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 8, 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 18 hr. min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation sewerer

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Peacher

13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Laura Diggs

15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Spry

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof May 28, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel

18. (a) Signature of funeral director Wm. T. Halley

(b) Address Fayette, Mo.

19. (a) 5/27/40 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
 year 1940 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 26th
 _____, 1940 to May 26th, 1940;
 that I last saw her alive on May 26, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Calampteria

Due to Pregnancy Comp.

Due to _____

Other conditions: Pregnancy Comp.
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
7th (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature James M. Baker (M. D. or other) MD
 Address Columbia, Mo. Date signed May 26, 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

WENA M. GORE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17824

Registration District No. 73

Primary Registration District No. 3006

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bonne

(b) City or town Columbia mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Spry, Mary Edna

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 26 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia Duration _____

Due to _____

Due to _____ 14h

Other conditions undelivered (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James M. Ballou (Date received local registrar) (Registrar's signature) or other _____

Address Columbia mo Date signed _____

SUPPLEMENTAL

S-17824