

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**

Do not use this space.

JUL 16 1936

14036-1

**1. PLACE OF DEATH**

County Polk Registration District No. 11  
Township Orange Primary Registration District No. 11-13  
City Keosauqua (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1111 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Spooler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10-1865</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation <u>27</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>		
MOTHER	13. NAME <u>John Spooler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>	
17. INFORMANT <u>Willie Spooler</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Keosauqua</u> DATE <u>Nov 21 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Baker</u> <u>Keosauqua</u>		
20. FILED _____ 19 _____ Registrar _____		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1935, to Apr. 19 1936  
I last saw him alive on Sept. 18 1935 Death is said to have occurred on the date stated above, at 11-A a.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia, Complicated with Chronic Dysentery. Immediate cause of death, Cardiac weakness, caused from General Debility

Other contributory causes of importance:  
no other known cause except old age.

Name of operation no operation Date of \_\_\_\_\_  
What test confirmed diagnosis W. Exam 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) J. M. Finney, M. D.  
(Address) Keosauqua

