

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

Do not use this space.

18716
File No. 18716/1
Registered No. 29
St. _____ Ward _____

1. PLACE OF DEATH

County Wright Registration District No. 574
Township June Primary Registration District No. 572A
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Johannes Wilhelm Spurber
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Caroline Spurber</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 11 - 1863</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>5</u>	<u>12</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>California Mo</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>Godlieb Spurber</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u>Pr</u>			
	12. MAIDEN NAME OF MOTHER <u>Wilhelmina Spurber</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1931
17. I HEREBY CERTIFY, That I attended deceased from May 13, 1931 to May 29, 1931 that I last saw him alive on May 28, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
46B
CONTRIBUTORY (SECONDARY) air pneumonia of stomach
unknown

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 46B
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Ellis O Raabe, M. D.
May 30, 1931 (Address) Jamestown Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Frank J Spurber
(Address) Jamestown Mo
15. FILED May 31 1931 Ellis O Raabe
REGISTRAR
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mountain Evangelical Cemetery DATE OF BURIAL May 31 1931
20. UNDERTAKER Charley Fullrich ADDRESS Jamestown Mo

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.

NON-PAYING INK—THIS IS A PERMANENT RECORD

JUL 25 1931

