

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

Do not use this space.

33938

1. PLACE OF DEATH  
 County Jackson Co Registration District No. 399 File No. 4391  
 Township Law Primary Registration District No. 1000 Registered No. 4391  
 City Law Mo (No. 1000 County Sullivan State Mo Ward)  
 2. FULL NAME Alfred Spring Longview, Washington  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Longview Wash  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 2 - 1878</u>		
7. AGE <u>51</u>	YEARS <u>8</u>	MONTHS <u>21</u>
8. OCCUPATION OF DECEASED <u>Enginist Long Bell</u> (a) Trade, profession, or particular kind of work. <u>Shambert Co.</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
10. NAME OF FATHER <u>Jacob Spring</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
12. MAIDEN NAME OF MOTHER <u>Elizabeth Farney</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
14. INFORMANT <u>Emma Dasher</u> (Address) <u>Duross Colo</u>		
15. FILED <u>10/24/29</u> <u>M. M. Crowe</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23 1929  
 17. Oct 5 HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to Oct. 23 19\_\_\_\_, that I last saw h. alive on Oct. 23, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Obstruction of pylorus from  
Carcinoma of Stomach, 4th  
Stage - General exhaustion.  
About 4 weeks  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Carcinoma of Stomach  
About 9 months  
 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRA? Trinity Lutheran Hospital  
 IF NOT AT PLACE OF DEATH St. Joseph's Hospital  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF Oct 15 1929  
 WAS THERE AN AUTOPSY? NO  
 WHO TESTED CONFIRMED DIAGNOSIS? Lab. Clinical and  
 (Signed) Dr. J. J. Torberg M. D.  
 (Address) 910 Health Bldg  
 \*State the DISEASE CAUSING DEATH, or if death from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 10/25 1929  
Salem Care  
 20. UNDERTAKER William T. Friedman ADDRESS California  
MO

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.

