

AUG 16 1927

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

Do not use this space.

14889<sup>a</sup>

## 1. PLACE OF DEATH

County Monroe  
Township Richmond  
City Richmond (No. \_\_\_\_\_)

Registration District No. 378  
Primary Registration District No. 8-8-26

File No. \_\_\_\_\_  
Registered No. 50  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Jesse F. Spence  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed  
(specify the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Ella Spence  
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 | 3 | 15

## 8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Chariton Co.  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Spence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chariton Co.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton Co.  
(STATE OR COUNTRY)

14. INFORMANT Miss Ella Fulliam  
(Address) Fayette, Mo.

15. FILED 7-28-27 V. O. Bonham  
REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927

17. I HEREBY CERTIFY That I attended deceased from May 17 1927 to May 17 1927, that I last saw him alive on May 17 1927, and that death occurred, on the date stated above, at 3:30 p.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Nephrotic of heart & chr  
nephritis  
131  
1927  
(duration) 2 yrs. 57 mos. 57 ds.  
CONTRIBUTORY Arteriosclerosis  
(SECONDARY)  
(duration) 5 yrs. — mos. — ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings  
(Signed) V. O. Bonham, M. D.  
, 19 (Address) Fayette 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Catholic Cem. DATE OF BURIAL 6/19 1927  
(Address) Fayette Mo

20. UNDERTAKER Ray H. Haskley ADDRESS Fayette 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.

