FEB 20 1928

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

Do not use this space. 508

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 8
City Excelsior Springs, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Walter C. Spencer
(a) Residence. No. U.S.V.H.#99, Excelsior Springs, Mo. Ward. Geuda Springs, Kansas.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXX~~ Edith Spencer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mail carrier
(b) General nature of industry, business, or establishment in which employed (or employer): U.S.Government.
(c) Name of employer: U.S.Government

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas.

PARENTS
10. NAME OF FATHER: Walter W. Spencer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Vermont
12. MAIDEN NAME OF MOTHER: May Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Colorado

14. INFORMANT: Edith Spencer
(Address) Geuda Springs, Kansas.

15. FILED 1/24, 1928 Y.D. Craven REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~Nov~~ Jan. 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1927, to Jan. 24, 1928, that I last saw him alive on Jan. 24, 1928, and that death occurred, on the date stated above, at 6:40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
46 D
129
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Post operative Adeno carcinoma rectum (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan. 20, 1928.
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J. E. Musgrave, M. D
J.E. MUSGRAVE
, 19 (Address) Excelsior Springs 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: Winfield Kansas — DATE OF BURIAL: Dont Know

20. UNDERTAKER: Herbert Hope — ADDRESS: Excelsior Spgs 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.