MAR 21 1928

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7535

File No. .....
Registered No. 39

1. PLACE OF DEATH

County: Vernon — Registration District No.: 875
Township: Walnut Grove — Primary Registration District No.: 6162
City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME Mary Melvina Spence

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 8 1886

7. AGE: Years 41 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Nevada
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Jonathan Spence
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ..... (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Martha J. Jeffries
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ..... (STATE OR COUNTRY): Illinois

14. INFORMANT: E. A. Spence
(Address): Seldon Kansas

15. FILED: 3-2 1928 E. R. Thring, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1928, to Feb 21, 1928 that I last saw h. alive on Feb 21, 1928, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
(duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 14 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. H. Crane, M. D.
2/23, 1928 (Address) Nevada, 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: Newton Burial Park — DATE OF BURIAL: Feb 25 1928
20. UNDERTAKER: Allen & Kayo — ADDRESS: Nevada, 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.