

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.

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

Do not use this space.

22419

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003City *St. Louis Mo.* (No.....)*Sanitarium*

File No.....

Registered No.....

6611

St.....

Ward.....

2. FULL NAME*Arthur Spencer*

(a) Residence. No.....

4021 Delmar Ave.

Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *11* yrs. *4* mos.

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
(OR) WIFE OF*Anabelle Spencer***6. DATE OF BIRTH (MONTH, DAY AND YEAR)***Nov. 29, 1858***7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, ____ hrs.
or ____ min.*69**6**24***8. OCCUPATION OF DECEASED**(a) Trade, profession, or
particular kind of work*Carpenter*(b) General nature of industry,
business, or establishment in
which employed (or employer)*Unknown*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Morgan County
Ohio*

PARENTS

10. NAME OF FATHER*David Spencer***11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ohio***12. MAIDEN NAME OF MOTHER***Angeline J. J. J.***13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Ohio***14.**

INFORMANT

(Address)

*William T. Gutter M.D.
5300 Arsenal St.***15.**

FILED

May 1, 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)***June 22, 1928***17.**

I HEREBY CERTIFY, That I attended deceased from

*May 14**1928*to *June 22**1928*that I last saw him alive on *June 22*, 1928, and that death occurred, on the date stated above, at *5:05* *7* m.**THE CAUSE OF DEATH* WAS AS FOLLOWS:***Acute Bronchopneumonia***CONTRIBUTORY (SECONDARY)**

(duration) ... 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?***Clinical*(Signed) *William T. Gutter*

M. D.

6/22, 1928 (Address) 5300 Arsenal St.

*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**DATE OF BURIAL***Kennett, Mo. June 25, 1928***20. URBERTAKER****ADDRESS***C. R. Lupton**4449**Ohio St.*

