

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence. No.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cul

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Delia Spencer

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

46

YEARS

5

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Brassworks

(c) Name of employer

Wheeler Brass Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

10. NAME OF FATHER

Joe Spencer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Polly Chisholm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

Delia Spencer

1008 N Jefferson

15.

FILED

27

May 27 1928

REGISTRAR

791

1003

22522

6729

MEDICAL CERTIFICATE OF DEATH

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

June 24 1928

17.

I HEREBY CERTIFY That I attended deceased from March 20, 1928, to June 24, 1928 that I last saw him alive on June 19, 1928, and that death occurred, on the date stated above, at 2-45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency
131
92A

CONTRIBUTORY (SECONDARY)

6h - Paresis of heart (duration) 1 yrs. mos. da.

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

(Signed)

J. H. Moore M.D.

*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

Greenwood Cem

6/29 1928

20. UNDERTAKER

ADDRESS

Emilie Perry 3129 Reeves

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.

