JAN 21 1929

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

Do not use this space.

39303

File No.

Registered No. 18

**1. PLACE OF DEATH**

County Atchinson. Registration District No. 22

Township Lincoln Primary Registration District No. 4016

City Westboro (No. ..... St. ..... Ward)

**2. FULL NAME** Elizabeth Spencer

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E.H. Spencer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 16, 1856

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 6 | 15 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER John Barrett

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

12. MAIDEN NAME OF MOTHER Mary Carter

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

14. INFORMANT E.H. Spencer
(Address) Westboro, Missouri.

15. FILED 12-2, 1928. G.W. Lott
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1, 1928, to 12-1, 1928, that I last saw h. alive on 12-1, 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrovascular Hemorrhage
Coma
Paralysis
(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis
(duration) many 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? none
(Signed) G.W. Lott, M. D
, 19 (Address) Westboro 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 | DATE OF BURIAL |
|---|---|
| Center Grove | Dec, 3 1928 |
| **20. UNDERTAKER** | **ADDRESS** |
| Scott Tucker | Westboro, 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.