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

Do not use this space.

1965

1929 FEB 22 46 0 0

1. PLACE OF DEATH
County: Jackson — Registration District No.: 403
Township: Brooking — Primary Registration District No.: 5557
City: ..... (No. ..... St. ..... Ward)
File No.: ..... Registered No.: .....

2. FULL NAME: Laura E. Spicer
(a) Residence. No. Independence Mu. Ward RFD # 5
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 28 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): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Calvin P. Spicer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-12-1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	11	0	

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

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

PARENTS
10. NAME OF FATHER: Darius Gregg.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Kentucky ~~Missouri~~
12. MAIDEN NAME OF MOTHER: Mary Harper.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Calvin P. Spicer
(Address): Indep. R.R. 5

15. FILED 1-12 1929 W. W. Hobbs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-12 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-9, 1928, to 1-12, 1929, that I last saw him alive on 1-12, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio Pneumonia
Hemo
10 A.M.
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY: Carcinoma of
SECONDARY: Intestines (duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID OPERATION PRECEDE DEATH? yes DATE OF 10-9-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) W. W. Hobbs M. D.
1-12 1929 (Address) Raytown

*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: Brooking Cemetery — DATE OF BURIAL: Jan 14 1928
20. UNDERTAKER: Ott & Mitchell — ADDRESS: Indep.

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.

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