

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

Do not use this space.

6565

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1728
 Township Kear Primary Registration District No. 1002 Registered No. 728
 City Kansas City (No. Kansas City Genl Hosp) St. _____ Ward _____

2. FULL NAME

Spencer, Harry W Jr
 (a) Residence. No. 2413 1/2 Inwood St. 4 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 9 mos. _____ ds. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>10</u>		<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work clerk
 (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) Mo.

10. NAME OF FATHER

H.W. Spencer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER

Mabel Paxton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Reverend Clerk
 (Address) K.C. General Hosp

15.

FILED 2-12-29 M. M. Cross REGISTRAR
West

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11-1929

17. I HEREBY CERTIFY That I attended deceased from 1-3-29, 1929, to 2-11-11, 1929
 that I last saw him alive on 2-11-29, 1929, and that death occurred, on the date stated above, at 7:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Mastoiditis
89B
15B 86B
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Marasmus
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-2-1929

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. C. Williams, M. D.

2-11-1929 (Address) Supt K.C. Gen. Hosp

*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

Highland Park DATE OF BURIAL Feb 12, 1929

20. UNDERTAKER

H. C. Bergman ADDRESS K.C. Mo.

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.

