

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

Do not use this space.

39078

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo (No. 5351) Delmar

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 11559
St. Ward)

2. FULL NAME

Sanford H. Spence
(a) Residence. No. 5351 Delmar St., 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 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) Oct 18 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 6

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

9. BIRTHPLACE (CITY OR TOWN) Elkton
(STATE OR COUNTRY) Webster Co., Mo.

10. NAME OF FATHER Hillis Spence

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

12. MAIDEN NAME OF MOTHER Sarah Hall

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

14. INFORMANT Timothy Haller
(Address) 5351 Delmar Blvd.

15. FILED NOV 26 1929 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1929, to Nov 24, 1929 that I last saw him alive on Nov 24, 1929, and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 90%
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS? Phys Ex Only
(Signed) Dolan Ferguson, M. D.
Nov 25, 1929 (Address) Metropolitan Bldg

*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 Walleralla Cem DATE OF BURIAL 11-26-1929

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

