

SEP 26 1930

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

Do not use this space.

27615

1. PLACE OF DEATH

County Putnam  
Township Union  
City (No.)

Registration District No. 716  
Primary Registration District No. 2747

File No.  
Registered No. 33  
St. Ward

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

white

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

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug - 3 - 1930, to Aug - 3 - 1930,

that I last saw him alive on Aug - 3 - 1930, and that death occurred, on the date stated above, at 2:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mess of Sorech  
117A  
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Martin, M. D.

15-H, 1930 (Address) Unionville, 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.

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

Mary Spence

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

July 18-1879

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

51 0 15

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Putnam Co Mo

(STATE OR COUNTRY)

10. NAME OF FATHER G. E. Spence

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Leonora Swicego

(STATE OR COUNTRY) Illinois

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois

(STATE OR COUNTRY)

14. INFORMANT The Mary Spence

(Address) Unionville, Mo

15. FILED 8-14-30 J. H. Holman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Unionville Cemetery

DATE OF BURIAL Aug 4 1930

20. UNDERTAKER Concordance Muel Unionville

ADDRESS

Unionville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/10