

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

Do not use this space.

39332

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 2212 Prospect)

File No. _____
Registered No. 4893
St. _____ Ward _____

2. FULL NAME Nathan Spicer

(a) Residence. No. 2212 Prospect St. 11 Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U.S., if of foreign birth? 31 yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Spicer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>-</u>	<u>-</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Merchant
(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) Austria

PARENTS

10. NAME OF FATHER Borach Spicer

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

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Miss Toby Spicer

(Address) 2212 Prospect Ave.

15. FILED 7430 1930 M. M. Cepovic REGISTRAR
Ass

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3-30 1930

I HEREBY CERTIFY, That I attended deceased from June, 1930 Dec 3, 1930 that I last saw him alive on Dec 2, 1930, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Synplicity of arterial
sclerosis
9/10
1320 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) uremic poisoning
9/10 (duration) _____ yrs. _____ mos. _____ da.

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? History physical
(Signed) A. A. East, M. D.

Dec 3, 1930 (Address) 303 West

*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 Elmwood Cemetary DATE OF BURIAL 12-4- 1930

20. UNDERTAKER J. P. Louis Funeral Home ADDRESS City, 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.

