

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

Do not use this space.

APR 24 1931

File No. 10614  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 58 County Linn Registration District No. 501  
 Township Forest Grove Primary Registration District No. 4304  
 1 City Linn No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 5  
 2. FULL NAME Nancy Spencer  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS	MONTHS	DAYS
<u>90 approximately</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Merrick Spencer</u> (ADDRESS) <u>Linn, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>March 16, 1931</u>		
19. UNDERTAKER <u>H. B. Thorne</u> (ADDRESS) <u>Linn, Mo</u>		
20. FILED <u>3/24</u> , 19 <u>31</u> <u>D. A. Taylor</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1931  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1931, to Mar 13, 1931  
 I last saw her alive on Mar 13, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pleurisy, Right side, with effusion  
110B 110  
 Other contributory causes of importance:  
 Date of onset 3/9-31  
 Name of operation: none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 X (Signed) Mark H. Rhoads, M. D.  
 (Address) Linn, 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.

