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.

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

Do not use this space.

40817

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 5554
City Independence (No. On Bank of Missouri River St. Ward)

File No.
Registered No. 416

2. FULL NAME William Oscar Spicer
(a) Residence, No. Route No. 1. N. River Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Rue Spicer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 14 - 1865

7. AGE: YEARS 66 — MONTHS 9 — DAYS 26 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpentry
10. Date deceased last worked at this occupation (month and year) One Year Ago
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Illinois

FATHER
13. NAME Harvey Spicer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York

MOTHER
15. MAIDEN NAME Matilda DeLong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windom Ohio

17. INFORMANT Mrs. Rue Spicer
(ADDRESS) Rte. 1. N. River Blvd. Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Dec. 21, 1931.

19. UNDERTAKER H. W. Stahl.
(ADDRESS) 815 W. Maple Ave.

20. FILED Dec 21 1931 F. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

See Notation on back

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1931. 19

22. I HEREBY CERTIFY, That I attended deceased from (~~DEPUTY CORONER~~) 19 ..., 19 ...
I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Gun Shots Wound 167 in head

Date of onset

Other contributory causes of importance:

Smardal

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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? ...
If so, specify ...
(Signed) E. Stoninger, M. D.
(Address) Independence Mo.

Date of death shown as Dec.10,1931. as that is date Mr.Spicer left his home, and was the last time he was seen alive. Body was found on the bank of Mo. River between Sugar Creek and Cement City on Saturday morning Dec.19,1931. Body was in a state of decomposition when found.