

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

Do not use this space.

23119

1. PLACE OF DEATH
 49 County Gasper Registration District No. 407
 4 Township _____ Primary Registration District No. 4241
 2 City Carterville (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Alla Spencer
 (a) Residence, No. 600 Washington 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1851</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>7</u>	DAYS <u>9</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
MOTHER	13. NAME <u>Moses Appy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dayton Ohio</u>	
	15. MAIDEN NAME <u>Hannah Jefferson</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT (ADDRESS) _____		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem.</u> DATE <u>July 27, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Steele Ward, Cb West City, Mo</u>		
20. FILED <u>July 27, 1932</u> <u>J. W. Clark</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 26, 1932
 I last saw him alive on July 26, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset _____
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 Other contributory causes of importance 1

(1) Name of operation _____ Date of _____
 What test confirmed diagnosis? Urinal 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? _____
 If so, specify Rt. H. Stomach, M. D.
 (Signed) _____ (Address) West 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.

AUG 24 1932

