

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.

SEP 22 1932

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

Do not use this space.

25899

1. PLACE OF DEATH
38 County Henry
4 Township Franklin
6 City King City (No. _____)
2. FULL NAME William Edwin Spence
(a) Residence, No. King City Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 14
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 — 28

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. M.D. Doctor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician & Surgeon

10. Date deceased last worked at this occupation (month and year) Aug 2, 1932 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

13. NAME James Spence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

15. MAIDEN NAME Martha Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

17. INFORMANT (ADDRESS) Allie Spence
King City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE Sept. 2, 1932

19. UNDERTAKER (ADDRESS) R. J. Gaggan
King City, Mo.

20. FILED Sept 1 1932 Sub Paulite
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug 31, 1932
I last saw him alive on Aug 31, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Myocardial degeneration with dilated heart
Date of onset Jan. 1932

Other contributory causes of importance:
Bronchial Asthma and Hay fever 1912

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

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 _____
(Signed) Sub Paulite, M. D.
(Address) King City, Mo.

