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

Do not use this space.

File No. 6134

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township: Marion — Primary Registration District No. 3020

City: McDaniel Brooks Hospital - Carthage Mo. (Ward)

2. FULL NAME: Emma E. Spence

(a) Residence, No. 320 N. Chestnut St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Capt. Jas. Spence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3, 1860

7. AGE: Years 72 | Months 6 | Days 22 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

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): Chillicothe Ohio

FATHER

13. NAME: George Erwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County Ohio

MOTHER

15. MAIDEN NAME: Lydia McCollister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County Ohio

17. INFORMANT (ADDRESS): Mrs. O. D. Royce, Melin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Feb. 27, 1933

19. UNDERTAKER (ADDRESS): Knell Mortuary, Carthage, Missouri

20. FILED: 2/27, 1933 C. M. McKeehan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1933 to 2/25, 1933

I last saw her alive on 2/24, 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	1931
4 to 5 yrs	
9 3/12	

Other contributory causes of importance: none

Name of operation: Colostomy Date of: Feb. 1932

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) H. A. La Force, M. D.

(Address) Carthage 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.