

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

Do not use this space.

29559

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 2002  
 City Kansas City, Mo. (No. 6033 Main)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3885

**2. FULL NAME**

Mrs. Blanche Spencer  
 (a) Residence, No. 6033 Main St. 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 <b>F</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Selden G. Spencer</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 18, 1863</b>		
7. AGE <b>70</b>	YEARS <b>2</b>	MONTHS <b>12</b>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>
	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) **Leavenworth**  
 (STATE OR COUNTRY) **Kansas**

13. NAME **John Higgenbotham**

14. BIRTHPLACE (CITY OR TOWN) **unknown**  
 (STATE OR COUNTRY)

15. MAIDEN NAME **Elizabeth Clevenger**  
**Pa.**

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY)

17. INFORMANT **Selden G. Spencer.**  
 (ADDRESS) **6033 Main St. K.C. Mo.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Forest Hill** DATE **10/2/33** 19\_\_\_\_

19. UNDERTAKER **R.V. Lindsey & Sons**  
 (ADDRESS) **3811 Broadway**

20. FILED **10-2** 19**33** **M. M. Crowe**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30**, 19**33**

22. I HEREBY CERTIFY, that I attended deceased from **Oct 15** 19**33** to **Sept 30** 19**33**  
 I last saw her alive on **Sept 29** 19**33** 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:

**Chronic myocarditis** Date of onset **1926**  
**930**  
**930**  
 Other contributory causes of importance: **Coronary heart failure Jan. 1933**

Name of Physician **Henry and Physical** Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 (Signed) **Jess V. Bell** M. D.  
 (Address) **1122 Professional Bldg. N.E. Mo.**

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.

NOV 10 1933

