

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

Do not use this space.

30533

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township Independence Primary Registration District No. 5899  
 City Sedalia (No. RR 2 5) St. Mo. Ward     

File No. 229  
 Registered No. 668

**2. FULL NAME** Miss Jean Spencer

(a) Residence, No. Sedalia Route 5 St. Mo. Ward       
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Claude Spencer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29, 1884</u>		
7. AGE <u>48</u>	YEARS <u>9</u>	MONTHS <u>0</u>
DAYS <u>    </u>		IF LESS than 1 day, <u>    </u> hrs. or <u>    </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	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>Bowling Green Mo.</u>		
MOTHER	13. NAME <u>Rodney Shremaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Sarah Rusk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mr. Claude Spencer</u> (ADDRESS) <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Independence Mo</u> DATE <u>10/2/33</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia Mo</u>		
20. FILED <u>10/2</u> , 19 <u>33</u> <u>Jean Stack</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Sept 29, 1933

I last saw her alive on Sept 28, 1933 Death is said

to have occurred on the date stated above, at 10 P m.

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

Cerebral pneumonia Date of onset     

82 A

79

Other contributory causes of importance:

Arterio Sclerosis

Name of operation      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?

If so, specify     

(Signed)      M. D.

(Address) Sedalia 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.

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