

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

Do not use this space.

39472

File No. 20  
Registered No. 61  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**  
 21 County Chariton Registration District No. 177  
 Township Triplet Primary Registration District No. 0245  
 7 City Triplet, Mo. (No. Triplet, Mo. 4106)  
**2. FULL NAME** Harry Edward Spencer  
 (a) Residence, No. Triplet St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 14 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Goldie E. Spencer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-36-1910</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>5</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation.....
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
13. NAME <u>James E. Spencer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Nancy K. Rice</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Mrs. Goldie E. Spencer</u> (ADDRESS) <u>Triplet, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McGullough Cem.</u> DATE <u>12-16</u> 19 <u>33</u> <u>Triplet, Mo.</u>		
19. UNDERTAKER <u>Pick Funeral Home</u> (ADDRESS) <u>Brunswick, Mo.</u>		
20. FILED <u>12/15</u> 19 <u>33</u> <u>R.P. Pura</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 33 Dec 13 1933  
~~Franklin Day~~  
 I last saw him alive on Dec-13 1933 Death is said to have occurred on the date stated above, at 11:5 A.m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia  
23H about Nov 25  
10/17 1933

Other contributory causes of importance:  
Probably Tuberculous  
many tuberculosis 6 months

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?  
 If so, specify \_\_\_\_\_  
 (Signed) Harry E. Tatum, M. D.  
 (Address) Brunswick, 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.

JAN 26 1934

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1  
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Rev. Spurr

written -  
Mr. Clark  
Sept 10