

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.

*Ferry*

MAR 24 1934

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

Do not use this space.

11703

45

1. PLACE OF DEATH

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City Neosho Mo (No. .... St. .... Ward)

2. FULL NAME

(a) Residence, No. State Capital #73 St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 16 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>Florence Spencer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Comm. labor</u>	
	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) <u>Ill.</u>		
FATHER	13. NAME <u>G. H. Spencer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>Hannah Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Mrs. Florence Spencer</u> (ADDRESS) <u>Merada Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Hayfield Cemetery</u> DATE <u>3-4</u> 19 <u>34</u>		
19. UNDERTAKER <u>First Funeral Home</u> (ADDRESS) <u>Neosho Mo</u>		
20. FILED <u>3/9/34</u> <u>W. M. Nunn</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933, to Mar 2 1934

I last saw him alive on Feb 18 1934 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:

Arteriosclerosis Date of onset ?  
Chronic Hypertension ?

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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) T. O. Bell M. D.  
(Address) Merada, Mo

