

Feb 7 1935

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

Do not use this space.

3832

1. PLACE OF DEATH

County..... Registration District No. 701  
Township..... Primary Registration District No. 1005  
City St. Louis (No. 1420a N. 15<sup>th</sup> St)

File No.....  
Registered No. 1150  
St. .... Ward)

2. FULL NAME

Mora Lee Spencer

(a) Residence, No. 1420a N. 15<sup>th</sup> St St., 23 Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13-1917</u>				
7. AGE	YEARS <u>17</u>	MONTHS <u>8</u>	DAYS <u>16</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>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waterbury Miss</u>			
	13. NAME <u>Frank Spencer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>			
MOTHER	15. MAIDEN NAME <u>Savannah Robinson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>			
17. INFORMANT <u>Savannah Spencer</u> (ADDRESS) <u>1420a N. 15<sup>th</sup> St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Jackson</u> DATE <u>Feb 2</u> 19 <u>35</u>				
19. UNDERTAKER <u>Perment - son</u> (ADDRESS) <u>2700 Wash. St</u>				
20. FILED <u>EB - 2</u> 19 <u>35</u> <u>J. J. Brubaker</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-29-1935, 1935 to 1-30, 1935  
I last saw him alive on 1-30, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Route Absent of Spencer (Spencer's)  
Date of essay 1-30/35

Other contributory causes of importance  
None

Name of operation None Date of None  
Where performed at home where 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 None  
(Signed) J. J. Brubaker, M. D.  
(Address) 809 1/2 Jefferson

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.

WHITE PAPER, WITH IMPROVED MARK—THIS IS A PERMANENT RECORD

