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.

APR 1 1 1935

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

Do not use this space.

7980

1. PLACE OF DEATH

4 County Audrain — Registration District No. 26 — File No.

Township [illegible] — Primary Registration District No. 3002 — Registered No. 41

4 City Mexico (No. Audrain Hospital St. Ward)

7 2. FULL NAME Fred Spencer

(a) Residence, No. 722 W. Hisey St St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eula Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 11, 1887

7. AGE: 0 — YEARS: 47 — MONTHS: 6 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse man

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): Thompson Mo.

FATHER

13. NAME: James W. Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

MOTHER

15. MAIDEN NAME: L. C. Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Vernon Spencer, 722 W. Hisey St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Mexico Mo DATE March 15, 1935

19. UNDERTAKER (ADDRESS): Chas. Arnold Jr. Chas Arnold Jr. 114 E Jackson St

20. FILED Mar 14, 1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-14-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934, to March 14, 1935

I last saw h— alive on 3-13-35, 19 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Carcinomed	
Stomach	
46	

Other contributory causes of importance:

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? No

If so, specify

(Signed) [signature], M. D.

(Address) Mexico Mo