

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

Do not use this space.

JUL 26 1935

20737

1. PLACE OF DEATH

County Putnam
Township Union
City _____ (No. _____)

Registration District No. 718
Primary Registration District No. 5947

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

George Carl Spence

(a) Residence, No. _____ 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. mos. 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>Pearley Spence</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 26 1889</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>4</u>	DAYS <u>21</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 <u>Life</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year) <u>to date</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co, Mo</u>		
13. NAME <u>George C. Spence</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Swisgood</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Thayne Spence</u> <u>Wife</u> <u>no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__		
19. UNDERTAKER (ADDRESS) <u>Chautauk Spence Co</u> <u>Waverly</u> <u>Mo</u>		
20. FILED <u>June 18 1935</u> <u>W. W. Giddens</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1935

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Suicide by firearms Date of onset _____
1601
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury June 17 1935
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Suicide by firearms
Nature of injury Shot in forehead

24. Was disease or injury in any way related to occupation of deceased? NO.
If so, specify _____
(Signed) M. C. Sustel, Coroner
(Address) Waverly, 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.

