Harwell

AUG 13 1935

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

Do not use this space.

22273

File No.

Registered No. 123

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff, Mo. (No. 233, Plum St. St., Ward)

2. FULL NAME William Spencer

(a) Residence, No. Poplar Bluff, Mo. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1934

7. AGE: YEARS 1 — MONTHS 1 — DAYS 27 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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) Fagus (STATE OR COUNTRY) Missouri

FATHER

13. NAME Lee Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Laura Sailor

16. BIRTHPLACE (CITY OR TOWN) Taskee, (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Laura Spencer, (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL County Farm
PLACE Poplar Bluff, Mo DATE July 9 1935

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 7/10 1935 C. B. Kitsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to July 8, 1935

I last saw him alive on July 6, 1935. Death is said to have occurred on the date stated above, at 10:15P.

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

Acute Enteritis — 6-12-35

Other contributory causes of importance:

Poor diet

Starvation diarrhea — 6-12-35

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) J. Lester Harwell, M. D.

(Address) Poplar Bluff, 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.