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.

JUL 28 1936

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 799 — File No. 25171
Township — Primary Registration District No. 4444 — Registered No. 27
City Slater (No. ..... St. ..... Ward)

2. FULL NAME John Harold Spencer
(a) Residence, No. ..... 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 m
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) 10-6-1914
7. AGE Years 21 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Print shop
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) Slater Mo.

FATHER
13. NAME Neal Spencer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville Mo.

MOTHER
15. MAIDEN NAME Edith Saunders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville Mo

17. INFORMANT (ADDRESS) Neal Spencer Slater Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater Mo DATE 7/1 1936
19. UNDERTAKER (ADDRESS) Hill Brothers Slater Mo.
20. FILED June 30 1936 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29, 1936
22. I HEREBY CERTIFY, That I attended deceased from June-27-, 1936, to June-29-, 1936
I last saw him alive on June-29-, 1936. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hyperthyroidism	6/26/36

Other contributory causes of importance:
Do not Know

Name of operation — Date of —
What test confirmed diagnosis? — 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?
If so, specify
(Signed) M. C. Duggins, M. D.
(Address) Slater, Mo.

Dr Duggins