

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.

SEP 29 1936

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

Do not use this space.

131 1/2
30818

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1092
City K. C. Mo. (No. 2823 E. 7th Street) St. _____ Ward _____
Registered No. 3612

2. FULL NAME Oliver G. Spencer
(a) Residence, No. 2823 E. 7th 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Spencer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 8 - 1857
7. AGE YEARS 78 MONTHS 9 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housework
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) Ohio
13. NAME H. S. Shaffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
17. INFORMANT Thomas H. Spencer (ADDRESS) 128 Broad St. Warren
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE Aug - 5 - 36
19. UNDERTAKER Mr. C. L. Sparte (ADDRESS) 918 Broadway Ave
20. FILED Aug 4 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 2 - 1936
22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.
The principal cause of death and related causes of importance were as follows:
Pneumonia & sepsis (Date of onset) _____
Other contributory causes of importance: No
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? _____
23. If death was due to external causes (violence), fill in 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) [Signature] M. D.
(Address) [Signature]

