

DEC 4 1936

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

Do not use this space.

40088

1. PLACE OF DEATH

County StoddardRegistration District No. 836Township LibertyPrimary Registration District No. 4507City Bernie (No.)

St. Ward)

2. FULL NAME Virgil Ross Spencer

(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

4. COLOR OR RACE

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

MWSingle

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

Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 5, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0412

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) (STATE OR COUNTRY)

Elwood, Ind

MOTHER FATHER

13. NAME

John T. Spencer

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

Indiana

15. MAIDEN NAME

Fern Fiddler

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

Washington

17. INFORMANT (ADDRESS)

John T. Spencer

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bethany New Bernie Mo.

DATE

10-18, 1936

19. UNDERTAKER (ADDRESS)

Walter J. Hopkins

20. FILED

Oct 24, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17, 193622. I HEREBY CERTIFY, That I attended deceased from 10-15, 1936, to 10-17, 1936I last saw him alive on 10-17, 1936. Death is said to have occurred on the date stated above, at 6 a.m.

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

Colitis

Date of onset

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?

If so, specify

(Signed) Paulsen Ryan, M. D.(Address) Bernie Mo

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.

