

DEC 30 1936

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

Do not use this space.

41820

1. PLACE OF DEATH

County Linn  
Township Grantsville  
City                      (No.                     )

Registration District No. 504  
Primary Registration District No. 5667

File No.                       
Registered No. 9  
St.                      Ward                     

2. FULL NAME Fannie Leora Spencer

(a) Residence, No.                      St.                      Ward.                     

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 9 3

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

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) Jan 1, 1936 11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County, Iowa

13. NAME Robert Shrader

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

15. MAIDEN NAME Annie E. Moffitt

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

17. INFORMANT (ADDRESS) J. E. Spencer, Burlington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Beate Branch Cem., DATE Nov 5, 1936

19. UNDERTAKER (ADDRESS) Mrs. M. Y. Rusk, Brookfield, Mo.

20. FILED 11-4-, 1936 W. C. Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1936 to Nov 3, 1936

I last saw him alive on Oct 22, 1936 Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Adeno-Carcinoma of Left Breast

Date of onset Unknown

Other contributory causes of importance 50

Name of operation None 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. Lane Evans, M. D. (Address) Brookfield, 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.

