

JUN 2 1 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 328
Township Meritor Primary Registration District No. 3017
City Trenton (No. 2) St. Ward

File No. 20138
Registered No.

2. FULL NAME

Stephen Willis 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 46 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 14

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) May 23, 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Mo

13. NAME Willard Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelton Co., Mo

15. MAIDEN NAME Jane Cotten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Mo

17. INFORMANT (ADDRESS) Harry S. Kline, Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spencer DATE June 1, 1937

19. UNDERTAKER (ADDRESS) Hendley Funeral Home, Trenton, Mo

20. FILED 5-31, 1937 Gene B. Fair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23rd 37, to May 30th, 1937
I last saw him alive on May 30th, 1937 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:
Septisemia May 24th - 1937 (Date of onset)

Other contributory causes of importance:
Unlabeled wound of left hand

Name of operation None 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? No
If so, specify
(Signed) Oliver T. Duffey M. D.
(Address) Trenton, Missouri

19461

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

7
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene

Registration District No. 328

Township Deer Creek

Primary Registration District No. 3017

City Deer Creek (No.)

File No. 20138

Registered No.

St. Ward

2. FULL NAME Stephen Willis 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 3 14

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1937

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h. alive on ... 19... Death is said

to have occurred on the ... stated above, at ... m.

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

Septicemia Date of onset

Other contributory causes of importance:

Infected wounds of left hand.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) also the following:

Accident, suicide, or homicide: Accident Date of injury 20th 1937

Where did injury occur? Greene Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home at his farm

Manner of injury Stubs left hand on post in shed - 1937

Nature of injury Very small abrasion that got infected.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Oliver J. Duffey M. D.

(Address) Deer Creek

Registrar

5-20138