OCT 19 1937

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

Do not use this space.

33980

File No. 127

Registered No.

1. PLACE OF DEATH

County Clay

Registration District No. 198

Township Fishing River

Primary Registration District No. 3011

City Excelsior Springs, Mo. (No. Vet. Adm. Facility St. Ward)

2. FULL NAME SPENCER, Rufus A.

(a) Residence, No. Vet. Adm. Fac., Excelsior Springs, Mo. Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 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: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1890

7. AGE: Years 46 | Months 10 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor, Texas

FATHER

13. NAME John Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

MOTHER

15. MAIDEN NAME SallyConley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor, Texas

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 9-21-37 19

19. UNDERTAKER (ADDRESS) John C. Prather Excelsior Springs, Mo.

20. FILED Sept. 22 1937 Norma McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from 1-21-34, 19..., to 9-21-37, 19...

I last saw him alive on September 21, 19 37 Death is said to have occurred on the date stated above, at 7:50 am.

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

	Date of onset
Cirrhosis of the liver (atrophic type)	

Other contributory causes of importance:

Syphilis tertiary

Name of operation None Date of --

What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? Yes

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

Accident, suicide, or homicide? No 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) H. C. HARDEGREE, M.D., Clin. Dir. M. D.

(Address) Vet. Adm. Facility Excelsior Springs, Missouri

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.