REC'D MAY 13 1938

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

Do not use this space.

File No. 14157

Registered No. 7

1. PLACE OF DEATH
County: Butler
Township: Beaudray
City: (No. , St. Ward)
Registration District No. 87
Primary Registration District No. 5129

2. FULL NAME: Franklin Joseph Spencer ~~Jr.~~ 152

(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: 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~~: Sarah Ann Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-26-1866

7. AGE: Years 72 Months 1 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): Tell City, Perry Co- Ind

FATHER
13. NAME: James Spencer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tell City, Perry Co- Ind

MOTHER
15. MAIDEN NAME: Clay Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tell City, Perry Co- Ind

17. INFORMANT (ADDRESS): Mrs. Myrtle Schroer, Harrell, Mo. R.1.

18. BURIAL, CREMATION, OR REMOVAL: Kenzley Cem.
PLACE: Harrell R.1 DATE: 3-17, 1938

19. UNDERTAKER (ADDRESS): Minnie Gish, Naylor, Mo.

20. FILED: 4-30, 1938 [illegible] Bippington, Registrar. 87

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Nov 16, 1938
I last saw ~~him~~ alive on Nov 13, 1938. Death is said to have occurred on the date stated above, at 2:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
10 days	

Other contributory causes of importance: Bronchitis & senility

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) [illegible], M. D.
(Address) Naylor Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.