

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

Do not use this space.

**1. PLACE OF DEATH**

County Barton  
Township City  
City Lamar (No. \_\_\_\_\_)

Registration District No. 40  
Primary Registration District No. 4024

File No. 11618  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Electus Comfort Spence

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-4-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	79	7	24	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) New York City  
(STATE OR COUNTRY) N.Y.

**PARENTS**

10. NAME OF FATHER Chas J. Spence  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lumberton  
(STATE OR COUNTRY) N.J.  
12. MAIDEN NAME OF MOTHER Maria Todderson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York City  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs M. J. Willey  
(Address) Lamar, Mo.

15. FILED 5-15-1930 A. J. Myrath  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1930

17. I HEREBY CERTIFY, That I attended deceased from March 9, 1930 to Apr 28, 1930 that I last saw him alive on April 28, 1930 and that death occurred, on the date stated above, at 10:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis  
135B Cystitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) 135B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) B. E. Dueritt, M. D.

4/30, 1930 (Address) Lamar Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marshall, Texas DATE OF BURIAL 4-31 19-30

20. UNDERTAKER B. F. Kerarity ADDRESS Lamar

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.

MAY 22 1930

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