

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

Do not use this space.

32523

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City ST. LOUIS, MO. (No. CITY HOSP #2) St. Ward)

File No.
 Registered No. **9331**

2. FULL NAME DAVID SPENCER

(a) Residence, No. 2326 BIDDLE St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 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 NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 15

OCCUPATION
 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. LABORER
 10. Date deceased last worked at this occupation (month and year) JANUARY 1913 11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

FATHER
 13. NAME HENRY SPENCER

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

MOTHER
 15. MAIDEN NAME FRANCES JOHNSON

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

17. INFORMANT A. G. CREAM
 (ADDRESS) CITY HOSPITAL #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn DATE Sept 4 1931

19. UNDERTAKER (ADDRESS) 1318 E. Broadway St. St. Louis

20. FILED SEP 10 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-1-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-20-1931, to 9-1-1931.

I last saw h. i. m. alive on 9-1-1931. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

738
PULMONARY TUBERCULOSIS 2 YRS.
 Other contributory causes of importance: 23

Name of operation Ch. 78 Date of
 What test confirmed diagnosis? Aut. 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?
 If so, specify

(Signed) C. M. Smith, M. D.
 (Address) City Hosp #2

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.

