

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16791

1. PLACE OF DEATH
 34 County Mason Registration District No. 547
 Township Mason Primary Registration District No. 2029
 City Hannibal (No. 2341 Market St. 6 Ward)

2. FULL NAME Jusan Evelyn Spencer
 (a) Residence, No. 2341 Market St., 6 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 164
 St. 6 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm. P. Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 - 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>8</u>	<u>4</u>	

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

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) Pike Co., Mo.

FATHER
 13. NAME William Samuel Cook
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Dorcas Lewis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Flora Ferguson, Pike Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery DATE June 1 - 1932

19. UNDERTAKER (ADDRESS) W. P. Shepard, Hannibal, Mo.

20. FILED 6/3 1932 H. Telousine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22 - 1932, to May 28 - 1932
 I last saw her alive on May 28 - 1932. Death is said to have occurred on the date stated above, at 3:05 p.m.
 The principal cause of death and related causes of importance were as follows:
myocarditis
arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 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 _____
 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. Telousine, M. D.
 (Address) Hannibal, Mo.

