

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

Do not use this space.

19349

1. PLACE OF DEATH

45 County Howard Registration District No. 380 File No. _____
 3 Township _____ Primary Registration District No. 4224 Registered No. 9
 1 City Franklin, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Louis Spencer

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband Ella Casen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 Approximately
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
 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) Glasco Mo.

FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VI 31

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT Henry Wright (ADDRESS) New Franklin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Mo DATE 6-22 1932

19. UNDERTAKER (ADDRESS) C. S. Henderson New Franklin, Mo

20. FILED 6/21 1932 J. J. East Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932, to June 16 1932
 I last saw him... alive on June 16 1932. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio-sclerosis
 Date of onset Unknown

Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? Clin 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) W. H. Givler, M. D.
 (Address) Boonville, Mo

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.

MM 23 1932

