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

Do not use this space.

File No. 24573

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 15 East 52nd St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME: Dr. Claudius B. Spencer
(a) Residence, No. 15 East 52nd St. 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: Mary L. Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 20th, 1856

7. AGE: Years 77 | Months 8 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Minister
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): Michigan

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Mary L. Spencer 15 East 52nd St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Howell, Mich. DATE: July 17, 1934

19. UNDERTAKER (ADDRESS): Stone & McClure 3235 Wornall Place

20. FILED: July 17, 1934 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 -, 1934, to July 14, 1934
I last saw him alive on July 14, 1934. Death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Pneumonia	July 12
59	
178	
9	
9	

Other contributory causes of importance:

Diabetes Mellitus	-
Hypertension	-
Myocardial Degeneration	-

Name of operation: - Date of: -
What test confirmed diagnosis? Laboratory Was there an autopsy? No
+ Phys. - Findings

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) F. C. LaMar, M. D.
(Address) Kansas City, 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.

THIS IS A PERMANENT RECORD

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