

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.

**JUN 2 1937**

**20040**

**1. PLACE OF DEATH:**  
 County Greene Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 21001  
 City Springfield, Mo. (No. Bapst. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
**2. FULL NAME:** Boyd Spencer  
 (a) Residence, No. Stockton, Mo. St. \_\_\_\_\_ Ward Stockton Mo.  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mrs. Mary Spencer  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 5 1895  
**7. AGE** YEARS 42 MONTHS 2 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Used Car Dealer  
**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** \_\_\_\_\_

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 16 1937  
**22. I HEREBY CERTIFY, That I attended deceased from** May 9 1937 to May 16 1937  
 I last saw him/her alive on May 16 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Gastric ulcer Date of onset 1925  
 Other contributory causes of importance: Perforation - Peritonitis  
 Name of operation Lap. with closure of perforation Date of 5/9/37  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes 5/12/37

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Stockton, Mo.  
**13. NAME** Adam Spencer  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Kentucky  
**15. MAIDEN NAME** Augusta Harper  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri  
**17. INFORMANT (ADDRESS)** Porter Spencer  
Stockton, Mo.  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Stockton, Mo. DATE 5/17/37  
**19. UNDERTAKER (ADDRESS)** Herman Lohmeyer Funeral Home  
Springfield, Mo.  
**20. FILED** May 17 1937 Chas. A. George M.D. Registrar

**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 note - Was third time ulcer perforated  
 Nature of injury about 1925 - 1930 former states  
**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 (Signed) Ray D. Callaway, M. D.  
 (Address) Springfield

17  
 1  
 2  
 1

