

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.

The Baker
49
JUL 29 1937

1. PLACE OF DEATH

County JasperTownship N. Madison

City

(No. Route 1, Carthage)Registration District No. 408Primary Registration District No. 5.S.64

File No.

23950

Registered No.

St. Mo. Ward2. FULL NAME Thomas Watson Spencer(a) Residence, No. Route 1, Carthage St. Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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

Anna L. LaFever Spencer

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

June 27, 1859

7. AGE

78

YEARS

MONTHS

11

DAYS

6

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

Troy Illinois

FATHER

13. NAME

William Spencer

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

Unknown

MOTHER

15. MAIDEN NAME

LaVina Thickett

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

Unknown

17. INFORMANT (ADDRESS)

Mr. Cleo Spencer
Route 1, Carthage

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harvey Cemetery DATE June 5, 1937

19. UNDERTAKER (ADDRESS)

Ulmer Funeral Home
Carthage, Missouri

20. FILED

June 6, 1937 S. P. Coleman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 29, 1937, to June 2, 1937I last saw him alive on June 2, 1937 Death is saidto have occurred on the date stated above, at 8:35am

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

Chronic Valvular Heart disease

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

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. E. Baker, M. D.(Address) Carthage, Mo.

