

JUL 31 1937

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

Do not use this space.

24565

1. PLACE OF DEATH

County

Township

City

Pettis

9

Segalia

No.

Registration District No.

Primary Registration District No.

668

3032

File No.

Registered No.

206

668

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Robert Benton Spence

4th

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

W

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Eula Spence

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

July 16 - 1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

46

11

16

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

Automobile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Salesman

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)

Pettis Co. Missouri

13. NAME

E. E. Spence

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

Warsaw Mo

15. MAIDEN NAME

Kullia Heismeyer

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

Florence Mo

17. INFORMANT (ADDRESS)

Mrs. R. B. Spence Segalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

7-17-37

19. UNDERTAKER (ADDRESS)

McCaughlin Bros Segalia

20. FILED

July 5, 1937

Penn Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from

As coroner case only

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 9:45 P. m.

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

accidental

Automobile

Other contributory causes of importance:

187

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7-2-37

Where did injury occur? Pettis Co - no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury accidental Automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

C. Gordon New Pache (Signed) M. D.

(Address) Coroner Pettis Co.

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. 243-63-
 Township Primary Registration District No. 3032 Registered No.
 City Sedalia (No. St. Ward)

2. FULL NAME Robert Benton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 11 16

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-5 1937 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

to, 19...
 I last saw h. alive on, 19... Death is said to have occurred on the day stated above, at, m.

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

accidental drowning Date of onset
no boat involved
stepped in deep hole

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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 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?

If so, specify

(Signed) C. Gordon Stauffer, M. D.
 (Address) Cor. Pettis & Co

SUPPLEMENTARY

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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