

REC'D APR 15 1938

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

10014
Do not use this space.

1. PLACE OF DEATH

4 (a) County Andrew Registration District No. 912
5 (b) Township _____ Primary Registration District No. 4550 Registered No. 15
0 (c) City Vandalia (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Warren J. Spencer 152
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Mo 0

FATHER 13. NAME Abner Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key 1

MOTHER 15. MAIDEN NAME Lina Wilmoth

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

17. INFORMANT Arthur Spencer
(ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia DATE 4-7- 38

19. FUNERAL DIRECTOR Wes Miller
(ADDRESS) Vandalia Mo

20. FILED 4/5 1938 Carrie F. Utterback
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to March 31, 1938.

I last saw him alive on March 31, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

apoplexy
8261
Other contributory causes of importance:
arterio-sclerosis

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 H. H. Bland M. D.
(Signed) Vandalia Mo
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

90M-7-37
I X12904

STATEMENT BY LICENSED EMBALMER

I, Wm B Waters, Licensed Embalmer No. 3325

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wm B Waters

Licensed Embalmer No. 3325

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)