REC'D JUN 16 1938

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

17872
Do not use this space.

1. PLACE OF DEATH
(a) County: Calloway
(b) Township:
(c) City: Fulton
Registration District No.: 104
Primary Registration District No.: 3008
Registered No.: 145
(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: George Spencer
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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: Clara Killinger Spencer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20 1875

7. AGE: Years 62 | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbyville Mo. Shelby County. 0

FATHER
13. NAME: Joseph Spencer. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County Mo.

MOTHER
15. MAIDEN NAME: Amerelia Blanchard.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline County Mo.

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shelbyville DATE: 5/20/38

19. FUNERAL DIRECTOR (NAME): Higgins & Barbee
(ADDRESS): Shelbyville Mo.

20. FILED June 7 1938 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1938, to May 18, 1938
I last saw him alive on May 17, 1938. Death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
34	

Other contributory causes of importance:
Syphilis

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) J. L. Thurkey, M. D.
(Address) Fulton, Mo.

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Marion E. Wilson

Licensed Embalmer No. 395-7

P. O. Address Shelbina Mo.

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

If this body is not embalmed, above space should be left blank.