

REC'D AUG 25 1938

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

25926  
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566  
 (b) Township \_\_\_\_\_ Primary Registration District No. 5262 Registered No. 76  
 (c) City Charleston (d) Street No. 3000 St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Johnnie B Spencer 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1937  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 0 0  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
 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) near Charleston Missouri  
 FATHER 13. NAME Johnnie A. Spencer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mississippi  
 MOTHER 15. MAIDEN NAME Lucy May Stevenson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mississippi  
 17. INFORMANT (ADDRESS) Johnnie A. Spencer Charleston, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 7 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Dale Funeral Service Charleston, Mo.  
 20. FILED 7-7-38 J. O. Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 5 1938 to July 7 1938  
 I last saw him alive on July 5 1938. Death is said to have occurred on the date stated above, at 5:00 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Mes. Colitis Date of onset July 2  
 Other contributory causes of importance: Malaria inches  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. S. Love \_\_\_\_\_, M. D.  
 (Address) Charleston, Mo.

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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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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