

FEB 6 1939

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

3415
Do not use this space.

1. PLACE OF DEATH

(a) County Jerry Registration District No. 1161
 (b) Township St Marys, 2 Primary Registration District No. 5881A
 (c) City Silver Lake, Mo. (d) Street No. _____
 (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.

Registered No. 1

2. PRINT FULL NAME

152 Daniel Baxter Spence
 (a) Residence, No. Yount, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Casey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 26
 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. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939
 22. I HEREBY CERTIFY that I attended deceased from Jan. 20, 1939, to Jan. 27, 1939
 I last saw him did not see him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy (History)
 Date of onset Jan 20-39
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Daniel Daniel Spence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) state of North Carolina

MOTHER 15. MAIDEN NAME Eranga Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) state of Tennessee

17. INFORMANT (ADDRESS) James Bukler
Marked tree, Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Yount, Mo. DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bey General Home
Berryville, Mo.

20. FILED Jan 28 1939 W. J. Winfield Local Registrar.

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? No
 If so, specify _____

(Signed) E. E. Higdon, M. D.
 (Address) Fredericktown, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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