

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

PLACE OF DEATH  
County Jackson  
Township New  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. General Hospital St.: \_\_\_\_\_ Ward) \_\_\_\_\_

Registration District No. 3997 File No. 2227  
Primary Registration District No. 1002 Registered No. 882

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Jama Sprague

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)  
DATE OF BIRTH June 10, 1831  
(Month) (Day) (Year)  
AGE 81 yrs. 9 mos. 1 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) O - O

BIRTHPLACE (City or town, State or foreign country) Michigan

NAME OF FATHER Timothy Sprague

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

MAIDEN NAME OF MOTHER Bulah Dorough

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ada L. Leichardt  
Record Clerk  
(ADDRESS) General Hospital  
W.S. Wheeler

Filed MAR 12 1913 1913

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH March 11, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 10, 1913, to March 11, 1913, that I last saw him alive on March 11, 1913, and that death occurred, on the date stated above, at 10am.  
The CAUSE OF DEATH\* was as follows:

Myocarditis  
131  
930  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory chronic hypertension  
(SECONDARY) (Duration) several yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Fred H. Morley M. D.  
March 11, 1913 (Address) Gen'l Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. 13 ds. State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence Salvation Army Hotel

PLACE OF BURIAL OR REMOVAL Forest Hill Cem DATE OF BURIAL March 13, 1913

UNDERTAKER Maer & Shuman ADDRESS 1504 3/15

# of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PLACE OF DEATH

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

MICHIGANN STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_  
 City Kansas City (NO. General Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 Registered No. 883

[[If death occurred in a hospital or institution, give its NAME instead of street and number]]

FULL NAME James Sprague

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE widowed  
 MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_  
 OR DIVORCED \_\_\_\_\_ (Write the word)  
 DATE OF BIRTH June 10, 1831  
 (Month) (Day) (Year)  
 AGE 81 yrs. 9 mos. 1 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 11, 1913  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Mar. 10, 1913, to Mar. 11, 1913,  
 that I last saw him alive on Mar. 11, 1913,  
 and that death occurred, on the date stated above, at 10 a. m.

OCCUPATION (a) Trade, profession, or particular kind of work Salvatory Amm. worker  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
myocarditis

BIRTHPLACE (City or town, State or foreign country) Michigan

PARENTS  
 NAME OF FATHER Timothy Sprague  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
 MAIDEN NAME OF MOTHER Bessie Dorrough  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

(Duration), \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 Contributory Chronic interstitial nephritis  
 (Secondary)  
 (Signed) Fred H. Moolen M. D.  
Mar. 11, 1913 (Address) Gen'l Hosp.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Ora L. Leichhardt  
 (ADDRESS) General Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 Where was disease contracted if not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

Filed MAY -5 1913 at W.S. Wheely REGISTRAR

PLACE OF BURIAL OR REMOVAL Forest Hill Cem. DATE OF BURIAL Mar. 13 1913  
 UNDERTAKER Mieser & Sherman ADDRESS 1804 E. 10th

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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