

JAN 19 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36508

## 1. PLACE OF DEATH

County Greene  
 Township Waller  
 City Waller

Registration District No. 312  
 Primary Registration District No. 5431A

File No. ....  
 Registered No. 23  
 St. .... Ward)

## 2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Newton Sprague

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 72

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kang  
Sapp

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

## 14.

INFORMANT Wm H. Allen  
 (Address) King City Mo RR 4

## 15.

FILED Dec 28 1928 Ant Paulite  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw him alive on Never 19..... and that death occurred, on the date stated above, at 1 PM m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
82A  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Instantaneously  
Found dead in bed. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W B Blacklock M. D.

1927 (1927) (Address) King City Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St Joseph - Mo Dec 29 1927

20. UNDERTAKER ADDRESS

W B Taggart King City Mo.

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.

