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

Do not use this space.

5426

MAR 19 1928

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.

1. PLACE OF DEATH

County: Johnson — Registration District No.: 431 — File No.:

Township: ~~Warrensburg~~ — Primary Registration District No.: 3623 — Registered No.:

City: Warrensburg (No. ..., St. ..., Ward)

2. FULL NAME: Wm. Truman Sprague

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Sprat Sprague

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov-27-1838

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	89	2	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer 13 13
(b) General nature of industry, business, or establishment in which employed (or employer): 167
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ...
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Wm. Henry Harrison Sprague

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Massachusetts

12. MAIDEN NAME OF MOTHER: Katherine Kirkpatrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY): X Unknown

14. INFORMANT: Mrs Greer
(Address): Warrensburg Mo

15. FILED: 2/3, 1928 — Wm R Patterson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1928, to Feb 2nd, 1928, that I last saw h. alive on Feb 2, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism of Prostatic with Diabetes
About 3 months (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) [illegible], M. D
2-4, 1928 (Address) [illegible]

*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
Pleasant Grove	Feb-4 1928
20. UNDERTAKER	**ADDRESS**
C L. Sauth	Knob Noster Mo

Dr Jno Anderson
Montgomery D S-

Patterson