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

Do not use this space.

8026

File No. 49
Registered No.

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City ~~Poplar Bluff~~ (No. ..... St. ..... Ward)
Registration District No. 89
Primary Registration District No. 5131

2. FULL NAME James Spradling
(a) Residence. No. Poplar Bluff Mo R#6 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: male
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~~ Elsie Spradling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2 - 1892

7. AGE: Years 35 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Barney Spradling
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Casinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Joe Spradling
(Address) Poplar Bluff Mo R. 6

15. FILED 3/3 1928 Dr B J Cline
REGISTRAR

3/3.

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-14, 1928, to 3-2, 1928 that I last saw h. ~~alive~~ alive on 3-2, 1928, and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
1208 1176
1229
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-15-28
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Gaugelhofer, M. D
8-3, 1928 (Address) Poplar Bluff 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: Powers Cemetery
DATE OF BURIAL: March 4, 1928 2:P.M.

20. UNDERTAKER: R. M. Green
ADDRESS: Poplar Bluff, 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 give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.