3-0-1928

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

Do not use this space.

11943

1. PLACE OF DEATH
County: Stoddard
Township: Liberty
City: ~~Precinct~~ Dexter (No. ..... St. ..... Ward)

Registration District No. 838
Primary Registration District No. 6098B

File No. .....
Registered No. 11

2. FULL NAME: Isac Newton Sprinkle

(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: M.

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (or ~~WIFE OF~~) Eliza Sprinkle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1857 Oct 17

7. AGE: Years 25 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: James C Sprinkle
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Almira Pinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Va.

14. INFORMANT: John Sprinkle
(Address): Dexter

15. FILED 3/31, 1928. F. La Rue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-3- 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-26, 1928, to 3-3-, 1928 that I last saw h~~im~~ alive on 2-26, 1928, and that death occurred, on the date stated above, at 8/20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Broncchiolasis
10CB
109 9/10

(duration) 4 yrs. - mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(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? Clinical

(Signed) Frank La Rue, M. D
, 19 (Address) Dexter 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: Sprinkle Cemetery
DATE OF BURIAL: 3/3 1928

20. UNDERTAKER: Collier & Jap
ADDRESS: Dexter Mo

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.