OCT 27 1928

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

Do not use this space.

34026

1. PLACE OF DEATH
County Johnson
Township Warrensburg
City Warrensburg, (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 2023

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

2. FULL NAME Clifton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7. 1914

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
13	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ------
(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) Henry Co, Mo

PARENTS

10. NAME OF FATHER James A Sprinkle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Johnson Co. Mo

12. MAIDEN NAME OF MOTHER Lillian Kinsinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hnery Co, Mo.

14. INFORMANT C. M. Whitaker
(Address) Warrensburg, Mo

15. FILED Oct 11, 1928 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10. 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10-1928, 19..., to Oct 10-1928, 19..., that I last saw h. on alive on Oct 10, 1928, and that death occurred, on the date stated above, at 10. A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbolic acid poisoning (Suicide)
Supposed to have drunk 2 oz.
(duration) ..... yrs. 2 hours mos. ..... ds.

CONTRIBUTORY (SECONDARY) Heart failure from shock due to drinking carbolic acid 2 hours
(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) L J Schofield, M. D
Oct 10, 1928 (Address) Warrensburg 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 Shawnee Mound Cem Henry Co, Mo
DATE OF BURIAL 10/11 1928

20. UNDERTAKER Sweeney- Gore Co, Warrensburg
ADDRESS

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.