

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

Do not use this space.

37050

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 1112 Locust Park Station)

Registration District No. **399**
Primary Registration District No. **1002**

File No. _____
Registered No. 4700 (Ward)

2. FULL NAME

Clement Lerne Spry
(a) Residence. No. 1112 Locust St. 2 Ward. f
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-65

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 | 6 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Owner and Proprietor
(b) General nature of industry, business, or establishment in which employed (or employer) Spry's Parking Station
(c) Name of employer 1112 Locust

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Mt Vernon Ohio

10. NAME OF FATHER Wm Jackson Spry

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Mt Vernon Ohio

12. MAIDEN NAME OF MOTHER Mary Elizabeth Roth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Joplin Mo.

14. INFORMANT Locust, 1112
(Address) Ben Spry

15. FILED 11/22/28 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

✓ 16. DATE OF DEATH (MONTH, DAY AND YEAR) Tuesday Nov. 20 1928

I HEREBY CERTIFY That I attended deceased from March 18, 1928, to Nov 20, 1928.
that I last saw him alive on Oct 22, 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute myocarditis
(duration) _____ mo. _____ da.
CONTRIBUTORY (SECONDARY) Chronic Intestinal
(duration) 2 yrs. _____ mo. _____ da.

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 Chemical

(Signed) L. B. Dittie, M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL Nov 23 1928

20. UNDERTAKER Elyar Funeral Home 1800 Elmwood ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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