

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

Do not use this space.

23846

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **3003**

Registered No. **7409**

City **St. Louis** (No. **1000**)

**Creant City Hosp #2** (St. **2** Ward)

**2. FULL NAME**

(a) Residence. No. **1454 Real Yellow 225** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>m</b>	4. COLOR OR RACE <b>Col</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>widowed</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 4, 1882**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>49</b>		<b>-</b>	<b>26</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Laborer**

(b) General nature of industry, business, or establishment in which employed (or employer). **2<sup>nd</sup>**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Memphis, Tenn.**  
(STATE OR COUNTRY)

<b>PARENTS</b>	10. NAME OF FATHER <b>Peter Sprow</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Va</b>
	12. MAIDEN NAME OF MOTHER <b>Unknown</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>

14. INFORMANT. **Virginia Bryant**  
(Address) **15003 Walnut St. Paen**

15. FILED **..2** 19 **31** **St. Louis** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 30 1931**

17. **No Physician in Attendance**  
HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at **4450** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Fear Prostration**

(duration) ..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) **1911**  
(duration) ..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **J. W. Ferner, M.D.**  
**7/1 1931** (Address) **Dep. Comm**

\*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 **Alton, Ill.** DATE OF BURIAL **7/4 1931**

20. UNDERTAKER **R. M. C. Green** ADDRESS **3577 Federal Ave**

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

