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.

NOV 25 1931

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

Do not use this space.

35243

1. PLACE OF DEATH
County Pemiscot — Registration District No. 653 — File No.
Township — Primary Registration District No. 4390 — Registered No. 111
City Hayti (No. , St. Ward)

2. FULL NAME Lenord Sprinkle
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie Sanders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25 1868
7. AGE: YEARS 63 — MONTHS 5 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pick Cotton
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newburg Indiana

FATHER
13. NAME: William Sprinkle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newburg Indiana

MOTHER
15. MAIDEN NAME: Lorwiser Sourcol
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newburg Indiana

17. INFORMANT (ADDRESS): Tom Sprinkle Hayti Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn DATE: Oct 5 1931
19. UNDERTAKER (ADDRESS): Hugh G Dorris Hayti Mo
20. FILED 10-15- 1931 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/4, 1931, to 10-4, 1931
I last saw him alive on: 10 AM 1931. Death is said to have occurred on the date stated above, at 4:10 P.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy — Date of onset 10-4-31
82 A

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. W. Rhodes, M. D.
(Address) Hayti Mo