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.

DEC 22 1931

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

Do not use this space.

37538

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 3019
City Independence (No. ..... St. ..... Ward)

File No. .....
Registered No. 375

2. FULL NAME Obe Dexter Spradley
(a) Residence, No. 717 W. South ave 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Spradley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9-1868
7. AGE: YEARS 63 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 6 years
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): Dexter Co Tenn.

FATHER
13. NAME: William Spradley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Georgia

MOTHER
15. MAIDEN NAME: Nancy Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Alabama

17. INFORMANT (ADDRESS): Mr D. T. Spradley 717 W. So Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Nov-7-1931
19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence Mo
20. FILED Nov. 7 1931 F. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-5-1931
22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1931, to 11/5/31, 19....
I last saw him alive on 11/5/31, 19.... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning & suppression of Urine	
131	
130	
132 B	

Other contributory causes of importance:
Acute Nephritis on an Chr. Interstitial Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) [signature], M. D.
(Address) Independence Mo