

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

Do not use this space.

11553

1. PLACE OF DEATH

County Cadotte Co.
Township Rich Hill
City Rich Hill (No. _____)

Registration District No. 503
Primary Registration District No. 2605

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1888

7. AGE YEARS 47 MONTHS 1 DAYS 10 IF LESS THAN 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 27

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) Rich Hill, Missouri

13. NAME John M. Sproul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Lora Tolle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Margaret Sproul Rich Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE May 19, 1932

19. UNDERTAKER (ADDRESS) Paul & Hazel Sproul Rich Hill, Mo

20. FILED May 19, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1932 to Apr 29 1932

I last saw deceased alive on Apr 29 1932 at Rich Hill, Mo. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Dehydration & Shock
1180
45 B 118

Other contributory causes of importance:

Acute Indigestion

Name of operation _____ Date of _____

What test confirmed diagnosis? General Was there an autopsy? No

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? _____

If so, specify _____

(Signed) James J. Wilson, M. D.

(Address) Rich Hill, Mo

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.

MAY 23 1932

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