WHITE 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.

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

Do not use this space.

24163

1. PLACE OF DEATH

County ..... Registration District No. 701 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6251

City St Louis (No. 2707, Walton Ave St., ... Ward)

2. FULL NAME Mary Julia Sprague

(a) Residence, No. 2707 Walton Ave St., 13 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Charles E. Sprague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1848

7. AGE: Years 84 | 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. Home

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

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) Mo

FATHER

13. NAME John C H Cunningham

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

MOTHER

15. MAIDEN NAME Susan M. Humphrey

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

17. INFORMANT Kate Clemmyte
(ADDRESS) 2707 Walton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem DATE July 8, 1932

19. UNDERTAKER Diekmann & Kabel
(ADDRESS) 905 Union Blvd

20. FILED JUL -6 1932 [illegible] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931, to July 6, 1932

I last saw her alive on July 4, 1932. Death is said to have occurred on the date stated above, at 3:40 A m.

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

	Date of onset
Arteriosclerosis, Senility	
97	
162	

Other contributory causes of importance:

Name of operation No operation Date of

What test confirmed diagnosis? Physical 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?

If so, specify NO

(Signed) M. D. Jennings, M. D.

(Address) 4161 Washington Blvd.

Dr [illegible]
4101 Washington