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

Do not use this space.

29583

File No. 31

Registered No.

1. PLACE OF DEATH
County: Jasper
Township: Oldfield
City: Joplin (No. Joplin St.; Ward)
Registration District No.: 41
Primary Registration District No.: 2
49 2 5

2. FULL NAME: James E. Sperry

(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Lillie Sperry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23 - 1874

7. AGE: Years 58 Months 4 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired R.R. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Janitor
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): Ind

FATHER
13. NAME: Wm Sperry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER
15. MAIDEN NAME: Kathie Wharry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Mrs Lillie Sperry Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fern DATE: 10-3 1932

19. UNDERTAKER (ADDRESS): Henshaw & Son Joplin Mo

20. FILED: 9/30 1932 A. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1932 to Sept 29 1932
I last saw him alive on Sept 29th 1932. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2 da.
S V H	

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? .....
If so, specify .....
(Signed) A. Benson Clark, M. D.
(Address) Joplin Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 26 1932