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.

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

Do not use this space.

32341

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township — Primary Registration District No. — Registered No. 3870

City Kansas City (No. St. Lukes Hospl 202 St. Ward)

2. FULL NAME Curtis Homer Sprinkle

(a) Residence, No. 2018 Main St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1878

7. AGE: ~~56~~ 54 YEARS; MONTHS 7; DAYS 2; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. conductor 10 [illegible]

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

10. Date deceased last worked at this occupation (month and year) 1/32

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME H. C. Sprinkle

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

MOTHER

15. MAIDEN NAME Florence I. Robinson

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

17. INFORMANT (ADDRESS) Walter Sprinkle San Antonio, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE 10/14 1932

19. UNDERTAKER (ADDRESS) Geo. H. Long K C K

20. FILED 10/14 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1932, to 10-11, 1932

I last saw him alive on 10-11, 1932. Death is said to have occurred on the date stated above, at 1:20 m.

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

	Date of onset
Coronary & Occlusion with Myomalacia Cordis and Cardiac Dilitation 81 B 95 B 94 B	1 yr

Other contributory causes of importance: Multiple Hemorrhagic Pulmonary Infarcts. Passive Hyperemia & General Anasarca — 2 wks

Name of operation Name — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

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) [illegible], M. D.

(Address) St. Lukes Hospital K.C. Mo.