

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

Do not use this space. ✓

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____) St. _____ Ward _____

Registration District No. 398
Primary Registration District No. 3019

File No. 1242
Registered No. 18

2. FULL NAME

Orlando Loomis Sprague
(a) Residence. No. Yale Park Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Carey May Curran Sprague

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>82</u>	<u>4</u>	<u>9</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work President Yale Jan
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Holly, N.Y.
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Sprague

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucina Sprague

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Carey M. Sprague
(Address) Independence, Mo.

15. FILED Jan 11 1933 Dr. F. L. Cook
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 1932, to Jan 10 1933, that I last saw him alive on Jan 10 1933, and that death occurred, on the date stated above, at 940 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sepsis - from bed sores
92 H
97
153 B
CONTRIBUTORY (SECONDARY) arterio-sclerosis - Valvula
heart disease (duration) 10 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. G. Fleckerson, M. D.

(Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clatha Kane DATE OF BURIAL Jan 14 1933

20. UNDERTAKER H. L. Bowyer ADDRESS May, Mo

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

FEB 28 1933
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.

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