

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 22 1933

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

Do not use this space.

1. PLACE OF DEATH
 51 County Johnson Registration District No. 427
 2 To-wash... Holden Primary Registration District No. 4253 File No. 13693
 20 City Holden (No.) St. Ward) Registered No.
 2. FULL NAME Banner Foster Sprinkle
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Sprinkle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26-1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 21
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Ohio
 FATHER
 13. NAME Peter Sprinkle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 MOTHER
 15. MAIDEN NAME Mahala Foster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Bessie Sprinkle
 (ADDRESS) Holden Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE Apr 19 1933
 19. UNDERTAKER J. M. Johnson
 (ADDRESS) Holden Mo
 20. FILED Apr 18, 1933. Edmond Rudruss, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1933, to Apr 17, 1933.
 I last saw him alive on Apr 16, 1933. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Embolism
Chronic endocarditis
 Other contributory causes of importance:
92A
82B 92A
 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) S. A. Murray, M. D.
 (Address) Holden, Mo.

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