

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.

38766

1. PLACE OF DEATH
County Saline Registration District No. 799
Township Cambridge Primary Registration District No. 4479
City State (No. _____) St. _____ Ward _____

2. FULL NAME Robert Eugene Spradley

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-24-1933</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>State, Mo.</u>				
FATHER	13. NAME <u>Johnnie Spradley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sugar Creek Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Mabel Ferrers</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ferrersville, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Johnnie Spradley, State Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>State Mo.</u> DATE <u>11-19-53</u>				
19. UNDERTAKER (ADDRESS) <u>Hill Brothers, State Mo.</u>				
20. FILED <u>no</u> 19 <u>53</u> <u>W. M. Tuttle</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-53

22. I HEREBY CERTIFY, That I attended deceased from 10-24-1953 to 11-6-1953.
I last saw him alive on 11-6-1953. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Ad. Intubation
Date of onset _____

Other contributory causes of importance:
158

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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? no
If so, specify _____
(Signed) C. L. Lawless, M. D.
(Address) Marshall Mer Rd

THE UNIVERSITY OF CHICAGO
LIBRARY

1951

1951

THE UNIVERSITY OF CHICAGO
LIBRARY

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951