

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 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cole  
Township Clark  
City Honley (No. \_\_\_\_\_)

Registration District No. 3/2  
Primary Registration District No. 5292

File No. 12288  
Registered No. 2

2. FULL NAME

Lennie Ray Sprouse

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
One \_\_\_\_\_

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) none  
11. Total time (years) spent in this occupation 2

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

MOTHER FATHER  
13. NAME Raydo Sprouse

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

MOTHER FATHER  
15. MAIDEN NAME Flossie Marie Honaker

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

17. INFORMANT (ADDRESS) Flossie Honaker

18. BURIAL, CREMATION, OR REMOVAL Honley Mo  
PLACE Highway Hill DATE 5-2-1934

19. UNDERTAKER (ADDRESS) Frank Kumpfer Honley Mo

20. FILED May 10 1934 Lena C. Glonn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1934, to April 30, 1934.  
I last saw him alive on April 30, 1934. Death is said to have occurred on the date stated above, at 12:00 midnight.  
The principal cause of death and related causes of importance were as follows:

Bronchial Date of onset \_\_\_\_\_  
Pneumonia (Double) 4 days  
Acute Cataracts 27 days  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. 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) Geo. H. Shirley, M. D.  
(Address) Cole, Mo.

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