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 JACKSON — Registration District No. 398 — File No. 12733
Township — Primary Registration District No. 3019 — Registered No. 147
City INDEPENDENCE (No. INDEPENDENCE SANITARIUM St. Ward)

2. FULL NAME WILLARD F. SPRAGUE
(a) Residence, No. 1604 W. VAN HORN St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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 ALICE E. SPRAGUE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 25, 1851

7. AGE: YEARS 82 — MONTHS 3 — DAYS 29 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED GROCER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GROCERY STORE
10. Date deceased last worked at this occupation (month and year) FOUR YEARS
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COLUMBUS OHIO

FATHER
13. NAME NO RECORD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

MOTHER
15. MAIDEN NAME NO RECORD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT H. B. SPRAGUE
(ADDRESS) 1604 W. VAN HORN INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE APR. 25, 1934, 19

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED April 24, 1934 Dr. F. L. Cook Registrar.

## 5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 24, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to April 24, 1934
I last saw him alive on April 24, 1934. Death is said to have occurred on the date stated above, at 12:45 AM.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Hy~~ Uraemia | 1 week |
| Chronic interstitial nephritis | |

Other contributory causes of importance: Hy. pertrophied prostate with urinary retention & suppression

Name of operation retention catheter 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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. H. Allen, M. D.
(Address) Independence Mo

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.