

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.

MAR 26 1935

5749

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Joplin, Mo. Primary Registration District No. 2002
City Joplin, Mo. Hillcrest St. Ward

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mrs. Sarah Ellen Sprunger St. Hillcrest
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28-1865</u>		
7. AGE	YEARS	MONTHS
<u>69</u>	<u>1</u>	<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dr. wife</u>		
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>Arkansas</u>		
13. NAME <u>Thomas Albred</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin, Mo.</u>		
15. MAIDEN NAME <u>Mary Lane</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Hoppe Stewart</u> <u>Hillcrest</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cadleville, Mo.</u> no. <u>2-12-35</u>		
19. UNDERTAKER (ADDRESS) <u>Frank - Rogers Co</u> <u>Joplin Mo.</u>		
20. FILED <u>2-11</u> , 19 <u>35</u> <u>W. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935, to Feb 10, 1935
I last saw her alive on Feb 10, 1935. Death is said to have occurred on the date stated above, at 9:55 PM.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus Date of onset 1934
Primary
Carcinoma of right femur Oct 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? no

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) Clyde Ruffner P. O., M. D.
(Address) Joplin Mo.

