

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

Do not use this space.

MAY 24 1935

13130

1. PLACE OF DEATH

County Jackson  
Township  
City Kansas City

Registration District No. 390  
Primary Registration District No. 1002  
(No. 134 N. Van Buren St.)

File No. \_\_\_\_\_  
Registered No. 1292  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary W. Sproul  
(a) Residence, No. 134 N. Van Buren St. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 36 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otha W. Sproul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-10-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 11 19

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.

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) Louisville Kentucky

13. NAME Stephen Alley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mr. Mary E. Day 134 N. Van Buren St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Branson, Kansas DATE 5-1 1935

19. UNDERTAKER (ADDRESS) Branson, Mo.

20. FILED 430 1935 J. M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to 4/29 1935  
I last saw her alive on April 29 1935. Death is said to have occurred on the date stated above, at 20 m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 4/29  
Other contributory causes of importance: arteriosclerosis

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) J. A. Bell \_\_\_\_\_ M. D.  
(Address) 514 W. 12th St. Branson, Mo.

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.

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