

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

Do not use this space.

24496

AUG 9 1935
PLACE OF DEATH

City St. Louis Registration District No. 791
Township 1 Primary Registration District No. 1003
City St. Louis (No. 791) Harmin Hellogg Hosp. Registered No. 5876
St. _____ Ward _____

2. FULL NAME Nellie Sprinkle
(a) Residence, No. Pinecote Ave. St. NR Ward. Overland Mo.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Sprinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 10 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Illinois

MOTHER FATHER
13. NAME Alec Guin

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

15. MAIDEN NAME ? Abbott

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

17. INFORMANT Robert Sprinkle
(ADDRESS) Hellogg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 7-10-35

19. UNDERTAKER Louis N. Bopp
(ADDRESS) Westwood Mo

20. FILED JUL - 9 1935
19 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-35

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:00 A.M. Town.

The principal cause of death and related causes of importance were as follows:

Acute Pancreatitis
Cholelithiasis
Pancreatitis caused by Cholelithiasis
Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Grant P. Furlong
(Address) Laurel

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.

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