

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

Snavelly
 Do not use this space.

33598

NOV 26 1935

1. PLACE OF DEATH **Pettis**

County.....

Registration District No. 668

Township.....

Primary Registration District No. 3032

City..... **Sedalia**

(No. 322 North Prospect)

File No. 336

Registered No. 668

St. _____ Ward _____

2. FULL NAME **Lulu Spratley**

(a) Residence, No. 322 N. Pros. St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 22/35** 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James A.**

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1935 to Oct 22, 1935
 I last saw her alive on Oct 21, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 30 1853**

to have occurred on the date stated above, at 11:4 m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	4	22	

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

Mitral Regurgitation Date of onset _____

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

92a
 Other contributory causes of importance:
Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER FATHER
 13. NAME **John Crenshaw**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Rutledge**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Mrs. E. D. Scott Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crown Hill** DATE **Oct. 24** 19 **35**

19. UNDERTAKER (ADDRESS) **Gillespie Funeral Home Sedalia Mo.**

20. FILED **Oct 25, 1935** *J. E. S. Registrar.*

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) *W. B. Snavelly, M. D.*
 (Address) *Sedalia Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

