

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.

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

Do not use this space.

JAN 17 1936

40248

1. PLACE OF DEATH

County Madison
Township Central
City (No.) (No.) (No.) (No.)

Registration District No. 638
Primary Registration District No. 6282

File No.
Registered No. 95
St. Ward

2. FULL NAME Anna Sperting

(a) Residence, No. 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Kumpf Sperting</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 6 1858</u>		
7. AGE YEARS <u>77</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from did not see to father's death

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 9:30 m.

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

Chronic nephritis

Date of onset

1931

Other contributory causes of importance: Arterio Sclerosis

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? No

If so, specify (Signed) W. Harry Borson, M. D.

(Address) Friedrichsblow

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Don't know</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Don't know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	17. INFORMANT <u>W. W. Kumpf</u> (ADDRESS) <u>Friedrichsblow, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prague cemetery</u> DATE <u>Dec. 5</u> , 19 <u>35</u>	
19. UNDERTAKER <u>Ed Hebble</u> (ADDRESS) <u>Friedrichsblow, Mo</u>	
20. FILED <u>Dec 5</u> , 19 <u>35</u> <u>S. C. Slaughter</u> Registrar.	

By C. A. S. Schwaner

Coroner Madison Co

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