JAN 22 1936

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

Do not use this space.

40602

1. PLACE OF DEATH
County Phelps
Township
City Newburg (No. St. Ward)
Registration District No. 676
Primary Registration District No. 4402
File No.
Registered No. 22

2. FULL NAME Hariett E Spradling
(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 Female
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Frank Spradling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	1	13	

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) Phelps Co. Mo.

FATHER
13. NAME Lyman Aldrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER
15. MAIDEN NAME Louisa Gaddy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co.

17. INFORMANT (ADDRESS) Frank Spradling New Burg Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Wishon DATE Dec 25 1935

19. UNDERTAKER (ADDRESS) Lee Johnson New Burg Mo.

20. FILED 12 - 24 1935 B. T. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to Dec 23 1935
I last saw her alive on Dec 22 1935. Death is said to have occurred on the date stated above, at 8:20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	

Other contributory causes of importance: Chronic Nephritis

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) B. T. Smith, M. D.
(Address) New Burg 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.