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.

FEB 20 1936

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

Do not use this space.

2433

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. #2
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 1411 W Main St. Ward)

2. FULL NAME John P. Sperber
(a) Residence No. 1411 W. Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Sperber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-23-1857

7. AGE: YEARS 79 — MONTHS 0 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Missouri

FATHER
13. NAME: G. Sperber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Minnie Scholle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Lizzie Sperber, Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moniteau Cem DATE Jan 5- 1935

19. UNDERTAKER (ADDRESS): McLaughlin Dias, Sedalia

20. FILED Jan 3- 1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan - 3 - 1936

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1935, to Jan. 3, 1936
I last saw him alive on Jan 3, 1936. Death is said to have occurred on the date stated above, at 5 30/a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis, mitral regurgitation with decompensation	

Other contributory causes of importance:

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) C. Gordon Stauffacher, M. D.
(Address) Sedalia, Missouri