

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

Do not use this space.

MAR 20 1936

6410

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Joplin Primary Registration District No. 2002
 City Joplin (No. 2002, Kentucky) St. _____ Ward _____

2. FULL NAME

Clinton (Jack) Sprinkle
 (a) Residence, No. 2002 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Junice Sprinkle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 0 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1st, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to Feb 1, 1936.
 I last saw him alive on Feb 1, 1936. Death is said to have occurred on the date stated above, at 11:32 a.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris 2/1/36

Other contributory causes of importance

[Handwritten signature]

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) H. H. [Signature], M. D.
 (Address) Joplin Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin

13. NAME B. F. Sprinkle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Wash

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs Sprinkle

18. BURIAL, CREMATION, OR REMOVAL PLACE Cyark Mem. DATE Feb 5 1936

19. UNDERTAKER (ADDRESS) Jasper Mortuary

20. FILED 2-3 1936 Ed D James Registrar.

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.

