MAY 19 1936

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

Do not use this space.

14396

1. PLACE OF DEATH
County: Cape Gir — Registration District No. 125
Township: [illegible] — Primary Registration District No. 5178
City: CAPE GIRARDEAU (No. RFD #1 [illegible] St. ..... Ward)

File No. .....
Registered No. 118

2. FULL NAME: Roena H Spradlin
(a) Residence, No. Commerce Mo RFD #1 Ward. Commerce Mo
(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: Geo M Spradlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-11-1864

7. AGE: YEARS 71 — MONTHS 6 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
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): Commerce Mo

FATHER
13. NAME: Renfro Clymer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Co Tenn

MOTHER
15. MAIDEN NAME: Mahala Lafferty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Co Tenn

17. INFORMANT (ADDRESS): C. W. Baldridge St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem DATE: April-14 1936

19. UNDERTAKER (ADDRESS): Hamann Funeral Home Cape Girardeau Mo

20. FILED: 4-12-1936 J. M. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935 to April 12, 1936
I last saw her alive on 4/9 1936 Death is said to have occurred on the date stated above, at 12 45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	Feb 8-35

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? NO 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) [illegible], M. D.
(Address) Cape Girardeau, 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.