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.

SEP 25 1936

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

Do not use this space.

31549

1. PLACE OF DEATH

County Lawrence — Registration District No. 470 — File No.

Township — Primary Registration District No. 5633 — Registered No. 96

City Mt. Vernon (No. 4283 St. Ward)

2. FULL NAME Fred Spriggs

(a) Residence, No. 505 N. 2nd St., Ward. St. Joe, 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 M.

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1884

7. AGE YEARS 52 MONTHS 0 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

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) Kansas

FATHER

13. NAME Fritz Spriggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Not Known

MOTHER

15. MAIDEN NAME Anna Sy ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Not Known

17. INFORMANT (ADDRESS) Tt. State Sanatorium Mt. Vernon Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon Sun. Towns DATE 8.16 1936

19. UNDERTAKER (ADDRESS) Orr & Co. Mt. Vernon —

20. FILED Aug 17 1936 P. A. Holmes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15 1936

22. I HEREBY CERTIFY, That I attended deceased from 8.11 1936, to 8.15 1936

I last saw him alive on 8.14 1936 Death is said to have occurred on the date stated above, at 12 10 a.m.

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

Pulmonary Tuberculosis — Date of onset 1935

23

Other contributory causes of importance: Myocarditis - Chronic.

Name of operation — Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

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) J. A. Wrenn M. D.

(Address) Mt. Vernon, Mo.

MAR 28 1957