

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.

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

Do not use this space.

JAN 18 1937

44037

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton (No.)

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 120 St. Ward)

2. FULL NAME Harriett Spriggs

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Spriggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1820

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
116 11 3

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

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) Smithville, Mo.

13. NAME Mary Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Emma Marshall Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL - PLACE G. Oak Hill DATE 12-20 1936

19. UNDERTAKER (ADDRESS) Stanley Prof. Carrollton, Mo.

20. FILED 12-19 1936 W. H. Hasbun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1935, to Dec 18, 1936

I last saw h. alive on 12-13, 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Arterio-Sclerosis

Date of onset ?

Other contributory causes of importance M

Name of operation Date of

What test confirmed diagnosis? 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) W. G. Newwood, M. D. (Address) Carrollton, Mo.

