

APR 21 1937

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

Do not use this space.

12524

1. PLACE OF DEATH  
County Linn Registration District No. 574  
Township Monroe Primary Registration District No. 3  
City Clinton (No. 5) St. Mo. Ward 1

2. FULL NAME Emma Sprouse  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

File No. 293  
Registered No. 1

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 D. S. Sprouse  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1888  
7. AGE YEARS 48 MONTHS 2 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Tennessee  
13. NAME W. F. Arms  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know  
15. MAIDEN NAME Lovell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know  
17. INFORMANT D. S. Sprouse  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Montros Cem. DATE 3/17, 1937  
19. UNDERTAKER E. A. Dickerson  
(ADDRESS) Boyard, Mo.  
20. FILED 3/17, 1937 Geo. Moore  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937 to Mar 15, 1937  
I last saw him alive on Mar 10, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

Pulmonary tuberculosis Date of onset Unknown  
Other contributory causes of importance: 23

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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. W. Carpenter, M. D.  
(Address) Clinton, 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.

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