MAY 27 1937

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

Do not use this space.

16792

File No. 18

Registered No. S-

1. PLACE OF DEATH
County Lafayette
Township
City Mayview. Mo. (No. , St. Ward)

Registration District No. 464
Primary Registration District No. 4475

2. FULL NAME Mrs. Charlotte Sprick

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF August Sprick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1855

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	13	

OCCUPATION

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

FATHER
13. NAME — Venke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT August Sprick
(ADDRESS) Mayview. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mayview. DATE 4/26/1937, 19

19. UNDERTAKER Hoefer & Meinershagen
(ADDRESS) Higginsville. MO.

20. FILED Apr. 25, 1937 Mrs E. M. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-24-1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to Apr 24 —, 1937
I last saw h. alive on Apr. 23, 1937. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
93 A	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None 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) [illegible], M. D.
(Address) Mayview, Mo

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.