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.

JUN 16 1937

1. PLACE OF DEATH
4 County Audrain
4 Township Salt River
4 City Mexico Mo (No. ..... St. ..... Ward)

Registration District No. 26
Primary Registration District No. 3002

File No. 19309
Registered No. 60

2. FULL NAME Elberta Lee Sproul
(a) Residence, No. 609 S. Clark St., 1 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 17, 1869
7. AGE: 209 YEARS: 67 MONTHS: 8 DAYS: 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher
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): Monroe County Mo

FATHER
13. NAME: J. J. Sproul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe County Mo.

MOTHER
15. MAIDEN NAME: Susan E. Hannah
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe County Mo

17. INFORMANT (ADDRESS): Mrs Mary Barley Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Colorado Springs Colo DATE 4-4 1937
19. UNDERTAKER (ADDRESS): H. A. Crist & Son Mexico Mo
20. FILED May 3 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1937, to May 1st, 1937
I last saw her alive on March 1st, 1937. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:
Cancer of Liver — Date of onset: Don't know

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Other contributory causes of importance:
Cerebral embolism - causing Rt Hemiplegia 4 wks preceding death

Name of operation: No Date of
What test confirmed diagnosis? Clinical 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) N. R. Rodes, M. D.
(Address) Mexico Mo