

REC'D MAR 17 1938

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

6919
Do not file in duplicate.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township..... Primary Registration District No. 4227 Registered No.....
(c) City West Plains, Mo. (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.....
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Albert Jason Sprague 162
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leta Sprague 1897

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Repey Co., Mo.

FATHER 13. NAME A. R. Sprague

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

MOTHER 15. MAIDEN NAME Sally Miller

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

17. INFORMANT (ADDRESS) Mrs. Leta Sprague
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 2-16-1938

19. FUNERAL DIRECTOR (ADDRESS) Hopkins
West Plains, Mo.

20. FILED 2-16-1938 Vida W. Simmons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 - 1938 to Feb 15 - 1938
I last saw him alive on Feb 14 - 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2/1/38
104

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis? Clinical 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) P. D. Gorman, M. D.
(Address) West Plains, Mo.

STATEMENT BY LICENSED EMBALMER

I, Roger Robertson

Licensed Embalmer No. 20435

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ~~Robert James [unclear]~~

Roger Robertson
L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. ✓

Signed Roger Robertson

Licensed Embalmer No. 3435

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)