

APR 20 1938

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

Do not use this space.

11116

1. PLACE OF DEATH

County Jasper  
Township  
City Reeds (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. H 15  
Primary Registration District No. 4247

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME S. Morris Sprouse 165

(a) Residence, No. Reeds, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 57 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Addie Condon Sprouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1857

7. AGE YEARS 87 MONTHS 2 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Blacksmith

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) Sharp's Cross Road, Arkansas

13. NAME William Sprouse

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

15. MAIDEN NAME Jucunda Broadwater

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

17. INFORMANT Jimm Whitaker (ADDRESS) Sarcox, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Cemetery DATE March 22 1938

19. UNDERTAKER Wm. C. Cole (ADDRESS) Sarcox, Missouri

20. FILED 3/21 1938 Geo. H. Bragdon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16<sup>th</sup> 1937 to March 20<sup>th</sup> 1938

I last saw him alive on March 20<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 9:30 PM

The principal cause of death and related causes of importance were as follows:  
Congestive Heart Failure Date of onset 5-20-37

Other contributory causes of importance:  
Cardiovascular & Chronic Myocarditis 5-16-37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. 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) Geo. H. Bragdon, M. D.  
(Address) Reeds, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

