LEC'D APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No. 11492
Township Tennessee — Primary Registration District No. 3030 — Registered No. 33
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Frederick Banner Sprague
(a) Residence, No. Corning Ark 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Beulah Sprague
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1883
7. AGE YEARS 55 MONTHS 1 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker +
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Business
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) Sturgis Ky.

FATHER
13. NAME Benjamin M. Sprague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersville Ky.

MOTHER
15. MAIDEN NAME Sarah E. Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay, Ky.

17. INFORMANT (ADDRESS) Walter Sprague Charleston, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Corning Arkansas DATE March 22 38
19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo.
20. FILED 3-22- 1938 F D Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 3AM.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1938, to Mar. 20, 1938
I last saw him alive on March 20, 1938. Death is said to have occurred on the date stated above, at 3:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/15/38
Other contributory causes of importance:	
Uremia	3/18/38

Name of operation none Date of
What test confirmed diagnosis? Cl. Sympt. 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) E. Chas Lalung, M. D.
(Address) Charleston, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-2-49-36 I X7294

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

11492

Do not use this space.

1. PLACE OF DEATH,
   (a) County Mississippi Registration District No.
   (b) Township Primary Registration District No. Registered No.
   (c) City Charleston (d) Street No. St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (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 Frederick B. Sprague
   (a) Residence, No. St.
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	W	m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	1	11	

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.
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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ,19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED , 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ,19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
5/6	

Other contributory causes of importance:
Uremia
Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) E. Chas Roluing, M. D.
(Address) Charleston Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW