

REC'D MAY 9 1938 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kass Primary Registration District No. 1002
City K. C. Mo. (No. St. Marys) St. _____ Ward _____

File No. 13859
Registered No. 41

2. FULL NAME

Infant Sprague Stillborn
(a) Residence, No. 2502 - 6 30 th 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) K. C. Mo.

13. NAME James Neville Sprague

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

15. MAIDEN NAME Estel Edna Cumberbund

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamar Mo.

17. INFORMANT (ADDRESS) James M. Sprague
12502 6 30th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Parents gave permission to me for disposal of body

19. UNDERTAKER (ADDRESS) K. G. Davis

20. FILED Apr 1 1938 M. H. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1938

22. I HEREBY CERTIFY That I attended deceased from March 18, 1938 to March 18, 1938
I last saw him alive on Stillborn 3-18, 1938 Death is said to have occurred on the date stated above, at 5⁵⁵ A. M.
The principal cause of death and related causes of importance were as follows:

Stillborn
(Cause unknown)
Date of onset March 18 1938

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? clinical & autopsy Was there an autopsy? yes

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) Kenneth A. Davis, M. D.
(Address) 3301 Woodland

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.

1.5
250

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