

DEC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County Gasconade Registration District No. 305  
 Township Coonan Primary Registration District No. 4184  
 City Owensville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME ALLEN B. SPRADLING 169  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>11</u>	<u>17</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Tennessee

13. NAME Joseph Spradling

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

15. MAIDEN NAME Margaret Williams

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

17. INFORMANT Virgil Spradling  
 (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL buried  
 PLACE Union Cemetery DATE Apr. 20 38

19. UNDERTAKER Wm. H. Holden  
 (ADDRESS) Owensville, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6 1938 to Apr. 18 1938  
 Last saw ~~him~~ alive on Apr. 17 1938 Death is said to have occurred on the date stated above, at 4 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Embolism Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Valvular heart disease

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) J. Ferrell, M. D.  
 (Address) Owensville, Mo.

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



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

14591  
Do not use this space.

1. PLACE OF DEATH

(a) County Wissouri Registration District No. 305  
(b) Township ..... Primary Registration District No. 4184 Registered No. ....  
(c) City Owensville (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 Allen B. Spradling

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Spradling  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1888  
7. AGE YEARS 79 MONTHS 11 DAYS 17 If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
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 .....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 18 1938  
22. HEREBY CERTIFY, That I attended deceased from apr 6 to apr 18, 1938  
I last saw him alive on apr 17, 1938. Death is said to have occurred on the date stated above, at 4 A.M.  
The principal cause of death and related causes of importance were as follows:

Embolism

Date of onset

Other contributory causes of importance:  
Valvular Heart disease

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) J. J. Ferrell, M. D.  
(Address) Owensville Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
13. NAME Joseph Spradling  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
15. MAIDEN NAME Margaret Williams  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
17. INFORMANT (ADDRESS) Virgil Spradling Owensville Mo  
18. BURIAL, CREMATION, OR REMOVAL Union  
PLACE Union Cemetery DATE apr 30 1938  
19. FUNERAL DIRECTOR Wm H. Korns Per A.B.  
(ADDRESS) Union Mo  
20. FILED 5-11, 1938 J. J. Ferrell,  
Local Registrar.

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

Exact statement of OCCUPATION is very important. Do not omit plain terms, so that it may be properly classified.

