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.

REC'D MAY 22 1939

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

15427
Do not use this space.

59

1. PLACE OF DEATH
(a) County Livingston (Registration District No. 1076)
(b) Township Fairview (Primary Registration District No. 5680) Registered No. 4
(c) City Avalon, Mo. (d) Street No. 4 miles N. W. Avalon, Mo. 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 162 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John D. Sprague
(a) Residence, No. 4 miles N. W. Avalon, Missouri 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: 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 Mrs. May Sprague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1883

7. AGE: Years 55 | Months 8 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Missouri

FATHER
13. NAME John D. Sprague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Canada

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

17. INFORMANT Mrs. J. D. Sprague
(ADDRESS) R. F. D. Avalon, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hutchinson DATE 4-23 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
(ADDRESS) Chillicothe, Mo.

20. FILED April 23 1939 Mrs Chas. Lindsey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1934, to Mar. 1934
I last saw him alive on year ago. Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Bronchial asthma	yrs. ago

Other contributory causes of importance

Name of operation History & Pat Date of
What test confirmed diagnosis? Jurings 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 (Coroner)
(Signed) C. M. Gross, M. D.
(Address) Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Officer No. 11[illegible]

District File Number 39-437

Date Filed MAY 4 1936

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Elton F. Norman & E. R. Norman (2374), or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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.)

If this body is not embalmed, above space should be left blank.