

REC'D AUG 11 1939

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

25048
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 715
 (c) City St. Joseph (d) Street No. 1305 North 25th 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 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hugh Almeron Sprague

(a) Residence, No. 1305 North 25, St. Joseph, Missouri (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ann Elizabeth Sprague</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1866</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>2</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Publisher</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>News-Paper</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation <u>12</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orfordville, Wisconsin</u>		
13. NAME <u>Edwin Ruthven Sprague</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cattaraugus County, New York</u>		
15. MAIDEN NAME <u>Julia Ann Rice</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rome, New York</u>		
17. INFORMANT <u>Ann Elizabeth Sprague</u> (ADDRESS) <u>1305 N 25th, St. Joseph, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Judy Mt. Mo.</u> DATE <u>July 13 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Halter Reichhoffer</u> <u>1302 Parson St. St. Joseph, Mo.</u>		
20. FILED <u>July 13 1939</u> <u>H. J. Nestel</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 19 39

22. I HEREBY CERTIFY, That I attended deceased from June ?, 1937, to July 11, 1939
 I last saw him alive on July 11, 1939 Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Left Hemiplegia
 Date of onset 7/9/39

Other contributory causes of importance:
arterio-sclerosis
diagnosed

Name of operation None Date of _____
 What test confirmed diagnosis Phys. Exm. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) H. Thompson Jr., M. D.
 (Address) 825 Charles, St. Joseph, 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.

JUN 20 1941

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

William H. Kelly

Licensed Embalmer No. No. 3946

P. O. Address St. Joseph, Missouri.

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.