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

Do not use this space.

19482

File No. F 5073

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Masonic Home St. Ward)

Registration District No. 791

Primary Registration District No. 1000

2. FULL NAME Nancy N. Spradling

(a) Residence. No. 5351 Delmar St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	0	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boling Green Ky.

PARENTS

10. NAME OF FATHER Gilbert McMahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boling Green Ky

12. MAIDEN NAME OF MOTHER Martha Hawkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boling Green Ky.

14. INFORMANT Wilmoth Waller
(Address) 5351 Delmar Blvd.

15. FILED MAY 1 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1929, to May 4, 1929, that I last saw her alive on May 31, 1929, and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93c

97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. F. Rice, M. D.

May 4, 1929 (Address) Lister Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Jackson Mo	May 5 1929
20. UNDERTAKER	ADDRESS
Alexander and Sons	6175 Delmar

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

MARGIN RESERVED FOR BINDING

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.

V. No. 2.

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