

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

Do not use this space.

40263

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3825 Garfield)

Registration District No. 90
Primary Registration District No. 100

File No. _____
Registered No. 5072
St. _____ Ward _____

2. FULL NAME Alice Ruby Spradlin

(a) Residence, No. 3825 Garfield 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1907

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
<u>26</u>	<u>11</u>	<u>20</u>	

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

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) Missouri

13. NAME A. England

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

15. MAIDEN NAME Ida F. Lee

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

17. INFORMANT Howard Spradlin
(ADDRESS) 3825 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12/26/33

19. UNDERTAKER B. V. Lindsey & Sons, Inc
(ADDRESS) 3811 Bdwy St.

20. FILED 12/26-1933 m. m. Crowne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1933

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1933, to Dec 22, 1933

I last saw him alive on Dec 22, 1933. Death is said

to have occurred on the date stated above, at 9:16 P.M.

The principal cause of death and related causes of importance were as follows:

Heart insufficiency Date of onset 1931

Other contributory causes of importance Chronic Nephritis 1932

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1933

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify X

(Signed) John W. Ogilvie, M. D.

(Address) 3704 Euclid

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.

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