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.

SEP 4 1934

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

Do not use this space.

1. PLACE OF DEATH
County Barry — Registration District No. 30 — File No. 28230
Township — Primary Registration District No. 3003 — Registered No. 57
City Monett (No. ..... St. ..... Ward)

2. FULL NAME Alfred Edwin Spratley
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs Bertha Spratley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20. 1882

7. AGE — YEARS: 52 — MONTHS: 6 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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) Springfield. Mo

FATHER
13. NAME Hiram Spratley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

MOTHER
15. MAIDEN NAME Mary Hailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. A. E. Spratley. Monett Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE I. O. O. F. DATE 8/24 1934

19. UNDERTAKER (ADDRESS) Callaway Monett Mo

20. FILED 8-24- 1934 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Aug 22, 1934
I last saw him alive on Aug 21, 1934 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
46 D	
46	

Other contributory causes of importance:

Name of operation Exploratory Date of Apr 15-1934
What test confirmed diagnosis? Exploration 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
(Signed) Ernest Mitchell, M. D.
(Address) Monett, Mo.