

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

Do not use this space.

23 1935

19607 ✓

1. PLACE OF DEATH

County Jackson
Township Independence
City 1016 No. Lynn St.

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 200
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Fay Belle Sprague
1016 No. Lynn St.

Ward _____

(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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Sprague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1909

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>26</u> | <u>4</u> | <u>27</u> | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Courtney, Missouri

13. NAME John Wm. Chickner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Twox County, Missouri

15. MAIDEN NAME Mamie E. Nead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston, Texas

17. INFORMANT (ADDRESS) Charles H. Sprague

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 6-23-1935

19. UNDERTAKER (ADDRESS) George L. Pearson, Indep. Mo.

20. FILED 6-22-1935 F. J. Bank Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to June 20, 1935

I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Chronic Myocarditis with Auricular Fibrillation

Date of onset 1934

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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) Charles H. Sprague, M. D. (Address) Independence, Mo.

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.

