

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.

APR 17 1936

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

Do not use this space.

9988

## 1. PLACE OF DEATH

County Dent Registration District No. 266  
Township \_\_\_\_\_ Primary Registration District No. 716X  
City Salem (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 30

## 2. FULL NAME

Ary Bertha Sprague

(a) Residence, No. \_\_\_\_\_ 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher  
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) Salem (STATE OR COUNTRY) Mo13. NAME M L Sprague14. BIRTHPLACE (CITY OR TOWN) Dent Co (STATE OR COUNTRY) Mo15. MAIDEN NAME Isabella Sprague16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ireland17. INFORMANT Will Sprague (ADDRESS) Salem Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cedar Grove Cem DATE 4/1/36 19.19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo20. FILED 4/1 1936 A. E. Ridd Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 193622. I HEREBY CERTIFY, That I attended deceased from March 22 1936, to March 29 1936I last saw her alive on March 28 1936 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Apoplexy Date of onset \_\_\_\_\_  
131  
Other contributory causes of importance: Chronic Pleurisy  
Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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?  
If so, specify \_\_\_\_\_(Signed) J. J. Ridd, M. D.  
(Address) Salem Mo

