MAR 13 1937

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

Do not use this space.

6645

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 16234

City Kansas (No. 1221 Harrison St. Ward)

2. FULL NAME Earl Wm. Spragg

(a) Residence, No. 1221 Harrison 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Warren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26, 1888

7. AGE: 48 YEARS, 8 MONTHS, 29 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Waverly, Iowa

FATHER
13. NAME: Wm. H. Spragg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Martha Peterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Edward Spragg, 1326 Admiral Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn Cem. DATE: 2,27,37, 19

19. UNDERTAKER (ADDRESS): Peter B. Lapetina, K.C.M.

20. FILED 2/26 1937 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/25/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19, to, 19

I last saw h alive on 1/25/37 19 Death is said to have occurred on the date stated above, at 1 P.M.

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

Chronic pulmonary tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy?

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?
If so, specify
(Signed) [signature], M. D.
(Address)

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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