

REC'D APR 14 1938

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

10227
Do not use this space.

1. PLACE OF DEATH 2
- (a) County Buchanan Registration District No. 85
- (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 366
- (c) City St. Joseph (d) Street No. 215 No. 7th. St. St.
- (e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.
2. PRINT FULL NAME William Ernest Spratt 163
- (a) Residence, No. 215 No. 7th. St. St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Effie L. Spratt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- | | | | |
|----|----|----|--|
| 70 | 11 | 20 | |
|----|----|----|--|
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate Dealer.
9. Industry or business in which work was done, as saw mill, bank, etc. Dealer.
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Mo.

- FATHER
13. NAME John Fulkerson Spratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.
- MOTHER
15. MAIDEN NAME Martha Jane Elliott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

17. INFORMANT Mrs. Effie L. Spratt (ADDRESS) 215 No. 7th. St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Mar. 31, 1938
19. FUNERAL DIRECTOR (ADDRESS) Walter Meischner 1302 Faraon St. St. Joseph, Mo.
20. FILED Mar 31 1938 H. J. Kustelbusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1937, 1937, to Mar 29, 1938
- I last saw him alive on Mar 29, 1938. Death is said to have occurred on the date stated above, at 9 a. m.

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

Celiac' Ch. Ulcerative Date of onset 10/20/37

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clamad 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) L. J. [Signature], M. D.

(Address) Kirkpatrick Bldg., St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Walter A. Kelly, Licensed Embalmer No. Ma. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Walter A. Kelly
Licensed Embalmer No. Ma. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)