

REC'D JAN 13 1939.

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

42524  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104  
 (b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 316  
 (c) City Fulton or Fulton (d) Street No. State Hospital #1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 8 yrs. 6 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William H. Sperry  
 (a) Residence, No. Rout 2, Hermann, Mo. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Birkel Sperry  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9th 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 77 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) D.K. 11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

13. NAME Joseph Sperry  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann Mo.

15. MAIDEN NAME Caroline Stealy  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann Mo.

17. INFORMANT (ADDRESS) State Hospital #1 - Records Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann Mo. DATE 12/23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wesley H. Blumel Hermann, Mo.

20. FILED Dec 23 1938 R. N. Creech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22nd 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 7 1938, to Dec 22nd 1938  
 I last saw him alive on Dec 22nd 1938 Death is said to have occurred on the date stated above, at 6:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia

Other contributory causes of importance: Senile Psychosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following No  
 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 Yes J. Wood, M. D.  
 (Signed) State Hospital #1 (Address) Fulton Mo.

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.

I X 16005

(Mr. Crews) -  
Camp. 2nd St

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**