

EXPIRES MAR 7 - 1941

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

6272
Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 175-
 (b) Township Salisbury Primary Registration District No. 4104 Registered No. 10
 (c) City Salisbury (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Heroy Sprouse
 (a) Residence, No. _____ 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 Esther Sprouse
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 - 1915
 7. AGE YEARS 24 MONTHS 4 DAYS - If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. RWA
 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) Missouri
 13. NAME Wm Edward Sprouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
 15. MAIDEN NAME Mary Julia Madison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mary Julia Price (ADDRESS) Salisbury Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Summer Mo DATE 31 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Winkelman Salisbury Mo
 20. FILED 2/29 1940 Justus Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1940
 22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1940 to Feb 28 1940
 I last saw him alive on Jan 2-28 1940. Death is said to have occurred on the date stated above, at 30 m.
 The principal cause of death and related causes of importance were as follows:
Suicide. Date of onset _____
 Other contributory causes of importance:
Killed self w 22 Rifle
 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:
 Accident, suicide, or homicide Suicide Date of injury 2/28 1940
 Where did injury occur? his home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. his home
 Manner of injury Shot self w 22 Rifle
 Nature of injury bullet wound Rt temple
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Justus, M. D.
 (Address) Salisbury Mo
Coroner Chariton Co

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.

2014-1-12-38 I X14023

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

JUN 7 1957

Date Filed _____
District File Number 3/7/48
District Health Officer No. 8,

RECEIVED

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6272**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **175**

Primary Registration District No. **4104**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Chariton**
(b) City or town **Salisbury**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Heroy Sprouse**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w**
6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 **4** **-** _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **4/3/40** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Chariton**
(c) City or town **Salisbury**
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **18**
" year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature **G. H. Hawkins** (M. D. or other) _____
Address **Salisbury** _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

