

FILED MAY 21 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14660
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 328
 (b) Township Prenton Twp Primary Registration District No. 5459 Registered No. 41
 (c) City (d) Street No. Greene County Laurel 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stephen A. Sperry
 (a) Residence, No. Prenton mo 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 Alice Sperry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 March 10 0

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. Laborer

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) Greene County mo

FATHER 13. NAME B. H. Sperry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County mo

MOTHER 15. MAIDEN NAME Eizabeth Sperry
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) E. H. White
Prenton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE Jan 16 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dan James Brown
Prenton mo

20. FILED 1-16 1941 Greene Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-41 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1940 to Jan 15 1941
 I last saw him alive on Jan 4 1941. Death is said to have occurred on the date stated above, at 1:45 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis ? R
Has been known to exist past 6 mos 12/1

Other contributory causes of importance:
Bronchial asthma ?
Organic heart Disease ?
Blindness + Deafness ?

Name of operation Clunical 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? 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) D. R. Roark M. D.
 (Address) Prenton 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 X14028

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, _____

Robert B. Adams

or by _____

Registered Apprentice No. 212, working under my personal supervision.

Signed _____

Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

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.