

MAY 28 1929

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

Do not use this space.

15405

1. PLACE OF DEATH

County Moulton
Township Walden
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 24 St. Ward)

2. FULL NAME

Victoria M. Sprague
(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 6 1840</u>		
7. AGE	YEARS	MONTHS
<u>89</u>		
	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER John Hallam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Culler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

14. INFORMANT Mrs John Bertram
(Address) California Mo

15. FILED April 27 1929
REGISTRAR John Roth

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1929 to April 10 1929, and that I last saw him alive on April 10 1929, and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism

(duration) yrs. mos. da. 2

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHICH TEST CONFIRMED DIAGNOSIS.....
(Signed) J. Bense Jr., M. D.
(Address) California, U.S.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Fellow Cem DATE OF BURIAL 4/12 1929

20. UNDERTAKER William Friedman ADDRESS California

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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