

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

Do not use this space.

30726

1. PLACE OF DEATH

94 County Jefferson
Township Perry
City Bonne Terre (No. _____)

Registration District No. 775
Primary Registration District No. 6020

File No. _____
Registered No. 68
St. _____ Ward _____

2. FULL NAME

William Spradling

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Ellen Spradling (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Kentucky

MOTHER FATHER 13. NAME Jerry Spradling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Kentucky

15. MAIDEN NAME LSusan Wheeling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Wm W Spradling (ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE Sept 21, 1933

19. UNDERTAKER Burkhard Wood (ADDRESS) Bonne Terre Mo

20. FILED 9/21, 1933 W. A. Son Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12 m.

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

as a result of a severe shock and other injuries. Caused by careless and reckless driving on the part of Mr. Leslie Todd of St. Louis, Mo. Having collided with the car in which the deceased was riding on Hwy #61 near Summitt Park in Jefferson Other contributory causes of importance: Ca Mo.

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? _____ 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? _____
If so, specify _____

(Signed) W. A. Son
(Address) Jefferson Mo.

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.

OCT 20 1933

