JAN 28 1929

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

Do not use this space.

43749

1. PLACE OF DEATH
County: Monroe Co. Registration District No. 830
Township: Washington Salt River Primary Registration District No. 6091
City: Shelbina (No. ..... St. ..... Ward)

File No. 43749
Registered No. .....

2. FULL NAME: Charley Ford Sparks
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 16 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	7	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Embalmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co

PARENTS
10. NAME OF FATHER: Fountain C Sparks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Phoebe Ann Sparks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: A. J. Sparks
(Address): Shelbina Mo

15. FILED Jan 10 1928 Madge Gooch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1928, to Dec 11 1928 that I last saw him alive on Dec. 11 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
903
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Dilation of heart with general anasarca (duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical history
(Signed) J. D. Smith, M. D
, 19 (Address) Shelbina

*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: Greenwood Cem
DATE OF BURIAL: Dec 14 1928

20. UNDERTAKER: E Hayes
ADDRESS: Shelbina

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.