

MAY 21 1936

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

Do not use this space.

15702

1. PLACE OF DEATH

County Wasper
Township Wasper
City Wet. City (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1018 W. Front St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. files & W. Mo. State RR.

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) Newton County Ark.

13. NAME James Sparks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

15. MAIDEN NAME no data

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

17. INFORMANT Ester Sparks (ADDRESS) Wet. City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Park DATE April 28, 1936

19. UNDERTAKER Hedge - Nelson Funeral Home (ADDRESS) Wet. City Mo.

20. FILED 4/28, 1936 J. L. Brang Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to April 26, 1936

I last saw him alive on Nov 25, 1936 Death is said to have occurred on the date stated above, at 11 p.m.

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

Diabetes Mell. Date of onset _____

Other contributory causes of importance: MI

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) [Signature], M. D.

(Address) Wet. City 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.

