CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

12732

APR 22 1937

1. PLACE OF DEATH

County New Madrid — Registration District No. 55 — File No. 10

Township Anderson — Primary Registration District No. 4032 — Registered No. 1334

City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Clarisie Sparrowks

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14 - 1874

7. AGE: YEARS 63 — MONTHS 1 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeping
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): Ark.

FATHER

13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Earl Sparrowks Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Gideon DATE Apr 4 1937

19. UNDERTAKER (ADDRESS): Landers Funeral Home Campbell Mo

20. FILED April 10 1937 M V Mumma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1937, to 4-3, 1937
I last saw her alive on 4-2-1937. Death is said to have occurred on ~~the date stated~~ 4-3-37 above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

9381

Other contributory causes of importance:

Influenza

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) Geo. Fulkerson, M. D.
(Address) Gideon Mo