

NOV 16 1938

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

34447
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. / 5 ds.

2. PRINT FULL NAME James Mitchell McSparin

(a) Residence, No. 1218 Harrisburg 200 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Iva McSparin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WPA
9. Industry or business in which work was done, as 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) Mitchellville (STATE OR COUNTRY) Ill

FATHER 13. NAME Ewing McSparin
14. BIRTHPLACE (CITY OR TOWN) Mitchellville (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Minnie Chancy
16. BIRTHPLACE (CITY OR TOWN) Mitchellville (STATE OR COUNTRY) Ill

17. INFORMANT Iva McSparin (ADDRESS) Harrisburg, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisburg Ill DATE 10-29-38

19. FUNERAL DIRECTOR (NAME) Turner Funeral Service (ADDRESS) Harrisburg, Illinois

20. FILED J. P. Bredek 19 38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29-38 19 38

22. I HEREBY CERTIFY, That I attended deceased from 9-14-38 to 10-29-38, 19 38

I last saw him alive on 10-29-38. Death is said to have occurred on the date stated above, at 610A

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

Pulmonary tuberculosis
Renal tuberculosis (left)
Pericardial disease (left)
Rectal fistula (part of)

Other contributory causes of importance:

Name of operation nephrectomy Date of 10-11-38

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19 38

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) J. Buford M. D.

(Address) BARNES HOSPITAL

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Howard H. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.