

SEP 19 1938

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

Do not use this space.

29869

File No. 6
Registered No. 73
St. _____ Ward _____

1. PLACE OF DEATH
County Pemiscot

Township _____
City Hayti. (No. _____)

Registration District No. 653
Primary Registration District No. 4390

2. FULL NAME Albert Sparkton

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23/1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) Hayti Mo.

FATHER 13. NAME William Sparkton

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

MOTHER 15. MAIDEN NAME Opal Jennings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turrell Ark.

17. INFORMANT Georgia Anderson (ADDRESS) Hayti Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti Mo. DATE 8/29/39, 1939

19. UNDERTAKER None, Friends (ADDRESS) _____

20. FILED 8/29/39, 1939 Pearl Kelley Registrar. 7-4-39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28/39, 1939

22. I HEREBY CERTIFY, That I attended/deceased from Aug 28, 1939, to Aug 28, 1939
I last saw him alive on Aug 25, 1939 Death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:

Tetony
Date of onset 8/26/39

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? 298 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939

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? no
If so, specify _____ (Signed) Arthur, M. D.

(Address) Hayti, Mo.

RECEIVED

District Health Officer No. 3

District File No. 939-561

Date Recd. 9/12/39