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

Do not use this space.

16378

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 4263

City St. Louis (No. #5552 Etzel Ave. St. ..... Ward)

2. FULL NAME Radford Wayne Sparks

(a) Residence. No. #5552 Etzel Ave. Ward. 6
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9.	9.	1.	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Clyde V. Sparks

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Eleanor Callahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri.

14. INFORMANT C. V. Sparks.
(Address) #5552 Etzel, Ave.

15. MAY -5 1927 Filed 19.. Mary C. Starkoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from July ....., 1926, to May 4th, 1927, that I last saw him alive on May 4th, 1927, and that death occurred, on the date stated above, at 1.20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation of heart
92H 900
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dropsy
(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) A. F. Chamberlain, M. D
5/5, 1927 (Address) 2098 Railway Ex.

*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	DATE OF BURIAL
Marshall, Mo.	5-7-1927.

20. UNDERTAKER	ADDRESS
C. R. Rupton.	#4449 Olive St.

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.