

OCT 28 1927

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

Do not use this space.

26750

1. PLACE OF DEATH
 County Chariton Registration District No. 175
 Township Cockrell Primary Registration District No. 5247
 City (No.) St. Ward

2. FULL NAME William Dumas E. Sparren
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 54

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 Jenny M. E. Sparren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 26

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

9. BIRTHPLACE (CITY OR TOWN) Chariton
 (STATE OR COUNTRY) County Mo.

10. NAME OF FATHER John M. E. Sparren

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

12. MAIDEN NAME OF MOTHER Sarah Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton
 (STATE OR COUNTRY) County Mo.

14. INFORMANT Mrs. Jenny M. E. Sparren
 (Address) Hazard Mo.

15. FILED 9/3 1927 G. W. Stout
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2 1927

17. I HEREBY CERTIFY, That I attended deceased from 9-1-27, 1927, to 9-2-27, 1927, that I last saw h. alive on 9-2-27, 1927, and that death occurred, on the date stated above, at 19 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral apoplexy
82A unknown
102 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hypertension (arterial)
amblyopia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 74 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Ralph M. Williams, M.D.
9/3, 1927 (Address) Salsbery Mo.

*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 M. E. Curry Cem. DATE OF BURIAL Sept 3 1927
 ADDRESS Salsbery Mo.

20. UNDERTAKEER G. Minor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state cause of death as accurately as possible.

