

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

Do not use this space.

22815

1. PLACE OF DEATH
 County Vermon Registration District No. 875
 Township Washington Primary Registration District No. 6163
 City Washington (No.) St. Ward

2. FULL NAME Wm. E. Sparks
 (a) Residence. No. State Hospital #2 St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. 9 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1867-10-14

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 12 19 10

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)

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

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Mrs. Jno. H. Curmeil
 (Address) Hotel Lucerne

15. FILED 7-9-28 E. R. King
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1928, to Mar. 17, 1928 that I last saw him alive on 11, 1928, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108 pneumonia (chron)
92A 101A
 (duration) ... yrs. ... mos. 2 ds.
 CONTRIBUTORY, acute myocarditis
 (SECONDARY) (duration) ... yrs. ... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH. no. DATE OF.....
 WAS THERE AN AUTOPSY? no.....
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. J. O'Dell, M. D.
June 14, 1928 (Address) Merada Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Hill Mo DATE OF BURIAL 6/19 1928

20. UNDERTAKER Fred Turner Homestead Mo ADDRESS

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.

JUL 30 1928

