

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

Do not use this space.

X 37589

**1. PLACE OF DEATH**

County Mason Registration District No. 547 File No. \_\_\_\_\_  
 Township Mason Primary Registration District No. 3029 Registered No. 312  
 City Hannibal (No. 608 S. Main) St. 4 (Ward)

**2. FULL NAME**

Julia L. Sparks  
 (a) Residence. No. 608 S. Main St. 4 Ward. \_\_\_\_\_ (If nonresident give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Geo. W. Sparks  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23 1853  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 10 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Granda Christ  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 12. MAIDEN NAME OF MOTHER Granda Christ  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Robert Tesler  
 (Address) Hannibal Mo.

15. FILED 11/19/28 C. E. Strode  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18-1928  
 17. I HEREBY CERTIFY That I attended deceased from Oct 14 1928 to Nov 7 1928  
 that I last saw her alive on Nov 17 1928 and that death occurred, on the date stated above, at 6:30 P. M.

99A THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
182  
Embolism Right Popliteal Artery  
 (duration) yrs. 5 weeks  
 CONTRIBUTORY Gangrene - right leg below knee  
 (SECONDARY) (duration) yrs. 5 weeks

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) E. R. Motley M. D.  
 , 19 (Address) Hannibal - 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 Jonesboro. Arkansas DATE OF BURIAL 11-20-1928  
 20. UNDERTAKER James O'Donnell ADDRESS Hannibal

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.

29 1928

