

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

Do not use this space.

18581

**1. PLACE OF DEATH**

County Johnson Registration District No. 430  
 Township Post Oak Primary Registration District No. 4756  
 City Leeton (No. ....) St. .... Ward)

**2. FULL NAME**

James M Sparks  
 (a) Residence No. Leeton Mo St. .... Ward. ....  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30th 1881

|        |           |          |           |                                  |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|        | <u>77</u> | <u>5</u> | <u>27</u> |                                  |

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) not known  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alfred Sparks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY)

14. INFORMANT Clyde Cordry  
 (Address) Leeton Mo

15. FILED 5/27/29 OB Sparks REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27- 29

17. May 26 1929  
 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw him alive on 5/24, 1929, and that death occurred, on the date stated above, at 5:30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Coronary myopathy

CONTRIBUTORY (SECONDARY) 12900  
 (duration) yrs. mos. 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**

(Signed) [Signature] M. D.  
Leeton Mo (Address)

\*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 Otterville Mo DATE OF BURIAL 5-27 29,

20. UNDERTAKER Sweeney And Cook ADDRESS Chilhowee Mo,

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.

25 1929

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