86

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

Do not use this space.

1. PLACE OF DEATH
County: Pulaski — Registration District No. 721 — File No. 25520 a
Township: Lincoln — Primary Registration District No. 5953 — Registered No.
City: Mendota Mo (No. ... St. ... Ward)

2. FULL NAME: Geo Freeman Sparks
(a) Residence. No. ... 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Sparks
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 20-1853
7. AGE: Years 75 — Months 7 — Days 29 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): Gifford Mo (STATE OR COUNTRY): Malon County

PARENTS
10. NAME OF FATHER: John Sparks
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Lillian Demar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Unknown

14. INFORMANT: M G Sparks (Address): Mendota Mo
15. FILED: Sept 9, 1929 Hayes Barnett, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 19 1929
17. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to July 8, 1929, that I last saw him alive on July 8, 1929, and that death occurred, on the date stated above, at 9 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
PBK
1516
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Mount Gangreen of Foot
(duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Mendota Mo
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. A. Montgomery, M. D
, 19 (Address) Union Ville 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: Friendship Cemetery — DATE OF BURIAL: 7/20 1929
20. UNDERTAKER: Comstock, Mero & — ADDRESS: Unionville

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.

31