

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

Do not use this space.

36157

1. PLACE OF DEATH

County Worth
Township Union
City Sheridan

Registration District No. 904
Primary Registration District No. 4346

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Hattie Virginia Sparks.

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W.E. Sparks.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3rd 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
52 8 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Notaway Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER William Wilson

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

12. MAIDEN NAME OF MOTHER Hariett Sharp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT W.E. Sparks.
(Address) Sheridan, Mo

15. FILED Oct 21, 1929 J.W. High REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20. 19 29.

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 1929 to Oct 20 1929.
that I last saw her alive on Oct 19. 1929, and that death occurred, on the date stated above, at 5.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis, Right

B2D

(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) Yes

(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? Physical signs

(Signed) John W. High M. D.

, 19 29 (Address) Sheridan 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

Luteson Cemetery DATE OF BURIAL Oct 22 19 29.

20. UNDERTAKER

Roof & La Favor ADDRESS Parnell 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.

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