APR 23 1930

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

Do not use this space.

8016

1. PLACE OF DEATH

County: Cass
Township: Campbranch
City: ..... (No. ..... St. ..... Ward)

Registration District No. 152
Primary Registration District No. 5216

File No. .....
Registered No. 4

2. FULL NAME John H. Sparrow

(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: Golda Sparrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 31 - 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	9	21	

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): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jewell Co Kansas

PARENTS

10. NAME OF FATHER: Tom Sparrow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Helena Funk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

14. INFORMANT: George Sparrow
(Address): Pleasant Hill, Mo.

15. FILED 3/24, 1930 A. D. Hartzler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-15-, 1930, to 3-22-, 1930 that I last saw him alive on 3-22-, 1930, and that death occurred, on the date stated above, at 810 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labar Pneumonia
septic type
8 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 101 B2 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) David Long, M.D.
3/23, 1930 (Address) Harrisonville 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: Strasburg Mo
DATE OF BURIAL: 3/25 1930

20. UNDERTAKER: A. D. Hartzler
ADDRESS: East Lynne Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.