

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

Do not use this space.

35882

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 2501

File No. _____
Registered No. 380 (Ward)

2. FULL NAME

(a) Residence. No. Ash Grove Ave 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. 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 OF (OR) WIFE OF J. M. Conroy, deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/28/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 - 5 - 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 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)

Washington Co Ark

10. NAME OF FATHER

Abner Sparks

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

Alabama

12. MAIDEN NAME OF MOTHER

Betsy Sparks

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

Greene

14.

INFORMANT J. M. Sick
(Address) Ash Grove Mo

15.

FILED 11-24-1930 Los Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1930

17. I HEREBY CERTIFY That I attended deceased from Nov 15 to Nov 21, 1930.
that I last saw her alive on Nov 21, 1930, and that death occurred, on the date stated above, at 11:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiovascular disease
132 hrs (duration) 10 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Uremia
(duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 1290

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert Glynn, M. D.

11/21 1930 (Address) Springfield 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

DATE OF BURIAL

Ash Grove Cemetery - 11/23 1930

20. UNDERTAKER

ADDRESS

H. Salbraith - Ash Grove 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.

DEC 22 1930

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