WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 25 1931

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

Do not use this space.

35393

1. PLACE OF DEATH
County Putnam — Registration District No. 719 — File No. 8
Township Elem — Primary Registration District No. 5450 — Registered No. 64
City ~~Graysville~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Ver Everett Lloyd Sparks
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1931
7. AGE YEARS MONTHS DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graysville Mo

FATHER
13. NAME Lloyd Sparks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kironia Mo

MOTHER
15. MAIDEN NAME Evyln Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Youngstown Mo

17. INFORMANT (ADDRESS) E E Hays Kironia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Cem DATE Oct 19 31
19. UNDERTAKER (ADDRESS) F L Grogan Kironia Mo
20. FILED Oct 20 1931 Durward Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1931
22. I HEREBY CERTIFY, That I attended deceased from I did not see case until, 19..... to ..... , 19.....
I last saw h..... alive on after death, 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
from the History I would say the Heart was cause of death.
Date of onset
Other contributory causes of importance:
200A 200R
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. V. Hart, M. D.
(Address) Graysville, Mo.