

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

Do not use this space.

10225

**1. PLACE OF DEATH**

County Quincy  
Township Jackson  
City Jackson (No. \_\_\_\_\_)

Registration District No. 1084  
Primary Registration District No. 5467

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**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 Marietta Sparks.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	11	18	

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. Retail farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago  
(STATE OR COUNTRY) Illinois

13. NAME Levi Sparks

14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

15. MAIDEN NAME Rohrer

16. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

17. INFORMANT H. L. Sparks  
(ADDRESS) Purdew, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Chapel DATE Mar 16 1933

19. UNDERTAKER Thorne's Death Co.  
(ADDRESS) Jennett, Mo.

20. FILED Mar. 16, 1933 J. M. Canada  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/20/33, 19\_\_\_\_, to 3/15/33, 19\_\_\_\_.

I last saw him alive on 1/20/33, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

apoplexy  
821 132  
nephritis

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) Dr. David Ritterbausem  
(Address) Purdew 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.

THIS IS A PERMANENT RECORD

APR 22 1933

