

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

Do not use this space.

15260

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 7903
City..... (No. En Route City Hosp) St. Ward)

File No.
Registered No. 3801
St. Ward)

2. FULL NAME Wm. Sparks

(a) Residence, No. 5223 Raymond 12. Ward. (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 65 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131

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) Buffalo N. Y.

13. NAME Wm. Sparks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Sparks

15. MAIDEN NAME Wm. Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Sparks

17. INFORMANT H. G. Helber (ADDRESS) 2842 W. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE April 27, 1933

19. UNDERTAKER (ADDRESS) J. A. Helber & Co.

20. FILED APR 27 1933 Wm. Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

W. J. Physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 10¹⁵ A.M.

The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
Ch. Interstitial Nephritis

Other contributory causes of importance:
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Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes.

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) Sarah J. Helber (Address) 2842 W. Main

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

4/27/33

