

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.

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

Do not use this space.

680

**1. PLACE OF DEATH**  
 County Dunklin Registration District No. 280  
 Township Buffalo Primary Registration District No. 54021  
 City (No. ....) St. .... Ward) .....

**2. FULL NAME** William Sparks  
 (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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Amelia Sparks</u>		<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) <u>April 20 1877</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>56</u>	<b>MONTHS</b> <u>8</u>	<b>DAYS</b> <u>28</u>	<b>IF LESS than 1 day, .... hrs. or .... min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Preacher</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>		
<b>12. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Ford Sparks</u>			
	<b>14. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Juvenia Gipson</u>			
	<b>16. BIRTHPLACE</b> (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
<b>17. INFORMANT</b> (ADDRESS) <u>A. L. Sparks</u> <u>Cardwell Bt</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Black Oak</u> DATE <u>1/23</u> 19 <u>34</u>				
<b>19. UNDERTAKER</b> (ADDRESS) <u>Emerson - Burns</u> <u>Jonesboro Ark</u>				
<b>20. FILED</b> <u>1-27</u> 19 <u>34</u> <u>Eu. Boehr</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Jan 22 1934

**22. I HEREBY CERTIFY**, That I attended deceased from Jan 10 1934, to Jan 10 1934  
 I last saw him alive on Jan 10 1934 Death is said to have occurred on the date stated above, at 7:30 P. M.  
 The principal cause of death and related causes of importance were as follows:

<u>nephritis</u>	Date of onset
<u>chronic interstitial</u>	<u>2 yrs</u>
<u>febr</u>	<u>pneum</u>

Other contributory causes of importance: MI

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?** no  
 If so, specify .....  
 (Signed) LeRoy French, M. D.  
 (Address) Cardwell Mo

