

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.

*Dr. Hudson Talbot  
Metrop. Bldg  
St. Louis*

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

Do not use this space.

34220

1. PLACE OF DEATH

OCT 11 1934

1003

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 1 mos. 14 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Alice Sparka</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 9 - 1861</i>		
7. AGE	YEARS <i>72</i>	MONTHS <i>8</i>
	DAYS <i>29</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Fanner</i>	
	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 <i>12 1/2</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ind</i>
FATHER
13. NAME <i>Barton Sparka</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>
MOTHER
15. MAIDEN NAME <i>Rajan</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>
17. INFORMANT (ADDRESS) <i>Henry D. Martine St Louis MO</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Haymarket MO</i> DATE <i>9-9-34</i>
19. UNDERTAKER (ADDRESS) <i>Paul C. Hooper Crestwood MO</i>
20. FILED <i>10 1007</i> 19 <i>J. H. Brebeck</i> Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 8 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 31*, 1934, to *Sept 8*, 1934. I last saw him alive on *Sept 8*, 1934. Death is said to have occurred on the date stated above, at *11:30 a.m.*

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

*Carbuncle right side back & chest (size of measles) Cause unknown*

Other contributory causes of importance:  
*Bladder operation 14 yrs ago with gall stones*

Name of operation *cholecystectomy* Date of *Sept 5 1928*

What test confirmed diagnosis? *aculac* Was there an autopsy? *no*

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) *Hudson Talbot*, M. D. (Address) *Metropolitan Bldg St Louis MO*

