

WHITE 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 13 1934

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

Do not use this space.

36256

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Kear Primary Registration District No. _____
City Kansas City (No. 604 West 10th St.) St. _____ Ward _____

File No. _____
Registered No. 0781
St. _____ Ward _____

2. FULL NAME

Joe Donnell Sparks

(a) Residence, No. 604 West 10 St., _____ Ward _____
(Usual place of abode) (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 Violet Pansy Sparks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-7-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 10 21

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

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

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) Carlisle
Kentucky

13. NAME A. D. Sparks

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Violet Pansy Sparks
(ADDRESS) 604 W. 10th St.

18. BURIAL, CREMATION OR REMOVAL PLACE Carlisle Kentucky DATE Oct. 29, 1934

19. UNDERTAKER Stim McClure Undertaking Co.
(ADDRESS) 2235 Hill View Plaza Kansas City, Mo.

20. FILED Oct 29 1934 M. M. Crowe
Death Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-34 1934

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 8:30 A. m.

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

Lobar Pneumonia Date of onset 10-21-34
10th Right

Other contributory causes of importance: None

Name of operation No. 210 Date of _____

What test confirmed diagnosis? Blood 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? _____

If so, specify _____ (M. D.)

(Address) 1200 W. 12th St.

Dr. Chas. Nelson

421 N. Astor Benton 4917

via

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