

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.

JUN 25 1935

17122

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. 739) Grand Ave. St. 1st Ward

File No. _____
Registered No. 1532

2. FULL NAME

Jesse Ray Sparks
(a) Residence, No. 739 Grand Ave. 1st Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Letha Sparks</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2 1892</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>8</u>	DAYS <u>16</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Worker</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>International Shoe Co.</u>			
	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) <u>Kingston Mo.</u>				
FATHER	13. NAME <u>John Sparks</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kingston Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Nelia McVay</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kingston Mo.</u>			
17. INFORMANT (ADDRESS) <u>Letha Sparks Hannibal Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand View</u> DATE <u>May 24 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Ray O. Schubert 200 N. 2nd St. Hannibal Mo.</u>				
20. FILED <u>May 22 1935</u> <u>R. H. Schuler</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-18 35 to 5-18 35, 1935
I last saw h. alive on 5-18 1935 Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1930

Other contributory causes of importance:
Chronic rheumatism 5-18-35

Name of operation Neg. Date of _____
What test confirmed diagnosis? Micro. 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 Arterial Sclerosis
(Signed) J. H. Schuler, M. D.
(Address) Hannibal Mo.

