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

Do not use this space.

JAN 21 1936

File No. 42204

Registered No.

1. PLACE OF DEATH
County: Stone
Township: Ruth
City: Reeds Spring (No. , St. Ward)

Registration District No. 845
Primary Registration District No. 6108

2. FULL NAME: Nancy A. Sparger
(a) Residence, No. Reeds Spring St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: C M. Sparger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12th 1855

7. AGE: Years 80 Months 11 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home
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): Golden Barry Co Mo

FATHER
13. NAME: William Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT: Della Arnold daughter
(ADDRESS) Reeds Spring ~~Daughter~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McDowellough DATE: Jan 2nd 1936

19. UNDERTAKER: Hettie Stultz
(ADDRESS)

20. FILED 12/31 1935 L S Shumate
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th 1935, to Dec 30th 1935
I last saw h~~er~~im alive on Dec 30 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	~~Dont K~~

Other contributory causes of importance: Chronic Nephritis

Name of operation: none Date of
What test confirmed diagnosis? 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) T C Parrish D.O., M. D.
(Address) Reeds Spring Mo

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.