

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.

FEB 20 1936

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

Do not use this space.

2239

1. PLACE OF DEATH

County Moore County Registration District No. 582
Township Washington Primary Registration District No. 5980
City (No.) St. Ward

File No.
Registered No. 6

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy E. Sparks

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1935, to Jan 2, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1867

I last saw him alive on Jan 2, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.

7. AGE YEARS 78 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.

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

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

Influenza Date of onset 12-26-35

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grovesville Mo

Other contributory causes of importance None

13. NAME William Sparks

Name of operation none Date of

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

What test confirmed diagnosis? clinical Was there an autopsy? No

15. MAIDEN NAME Not known

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT W. O. Sparks (ADDRESS) Shelbina, Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Mo DATE Jan 4th, 1936

Manner of injury

19. UNDERTAKER Brothers McEllon - Parkers (ADDRESS) Shelbina, Mo

Nature of injury

20. FILED 1-7, 1936 H. C. Payne Registrar

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. F. Furrish, M. D. (Address) Shelbina, Mo

