

APR 21 1936

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

Do not use this space.

11475

## 1. PLACE OF DEATH

County Livingston Registration District No. 508  
Township Chillicothe Primary Registration District No. 3016  
City Chillicothe (No. ....) St. .... Ward

File No. ....

Registered No. 552. FULL NAME Bette Irene Sparks(a) Residence, No. 200 Ryan St. 3 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 11 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 - 19337. AGE YEARS 3 MONTHS 11 DAYS 11 If LESS than 1 day, .... hrs. or .... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Livingston Co Mo (STATE OR COUNTRY)13. NAME John T Sparks14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)15. MAIDEN NAME Horty Lee Eick16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)17. INFORMANT (ADDRESS) J.T. Sparks, Chillicothe Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE 3-21-3619. UNDERTAKER (ADDRESS) A.B. Norman, Chillicothe Mo20. FILED March 21 1936 Chillicothe, Mo Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 193622. I HEREBY CERTIFY That I attended deceased from March 20, 1936 to March 20, 1936I last saw him alive on March 20, 1936 Death is said to have occurred on the date stated above, at 5:25 p. m.

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

Meningitis  
(Type unknown)  
1870

Date of onset

Other contributory causes of importance:

Bronchial pneumoniaName of operation clinical Date of Mo  
What test confirmed diagnosis? clinical Was there an autopsy? Mo

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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) V.P. Brennan, M. D.(Address) Chillicothe, MoWRITE 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.

