

NOV 22 1936

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

Do not use this space.

33935

1. PLACE OF DEATH

County Clay Registration District No. 197 File No. _____
Township Gallatin Primary Registration District No. 5276A Registered No. _____
City Mo. Kansas City, Mo. Home St. _____ Ward _____

2. FULL NAME

Thelma Bratcher Sparks
(a) Residence, No. 1012 E 22nd St. St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 7 10

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

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) Ky.

FATHER 13. NAME Joe C Bratcher

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

MOTHER 15. MAIDEN NAME Emma D. Hogue

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

17. INFORMANT (ADDRESS) Ralph Sparks
1012 E 22nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berry Cem DATE Sept 16 36

19. UNDERTAKER (ADDRESS) Morton Funeral Home
Mo. Kansas City

20. FILED Oct. 9 1936 Viola C. Moyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1936, 19____, to Sept. 14-36, 19____

I last saw her alive on Sept. 14-36, 19____. Death is said

to have occurred on the date stated above, at 9 A. m.

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

Dilated heart Date of onset _____
valvular heart disease
Re Compensation 3 mos.

Other contributory causes of importance:

Influenza asymptomatic

Name of operation: No Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, a 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) W. C. Mendenhall, M. D.
(Address) Mo. Kansas City

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.

