

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.

MAR 29 1937

1. PLACE OF DEATH

County Vernon  
Township  
City Neosho (No. \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 3039

File No. 772228  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josephine Sparks

(a) Residence, No. 5055 Washington Ward 3  
(Usual place of abode)

Length of residence in city or town where death occurred 60 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1857

7. AGE YEARS MONTHS DAYS If LES. than 1 day, ... hrs. or ... min.  
79 10 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper

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) Hallettsville Tennessee

13. NAME Benjamin Mabry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Tennessee

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Tennessee

17. INFORMANT Dr. Frank Sparks (ADDRESS) Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL Wood Cemetery DATE Feb 14 1937

19. UNDERTAKER Trinity Funeral Home (ADDRESS) Neosho Mo

20. FILED 2/14/37 M. Cichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 11 1937

I last saw her... alive on Feb 10 1937 Death is said to have occurred on the date stated above, 10 a m.

The principal cause of death and related causes of importance were as follows:  
acute Myocardial Infarction Feb 10 1937

Other contributory causes of importance:  
Bronchial Catarrh 20 yrs  
Ch. Myocarditis 5  
Arteriosclerosis 10 yrs

Name of operation None Date of \_\_\_\_\_

(What test confirmed diagnosis) clinical (Specify test on 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) [Signature] M. D.

(Address) Neosho Mo

