

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Newton 73
Township Seneca 6
City Seneca (No.)

Registration District No. 611405
Primary Registration District No. 58-13

File No. 12798
Registered No.
St. Ward)

2. FULL NAME

Bessie Sparlin

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

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 3 - 20, 1937, to 3 - 31, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1885

I last saw her alive on 3 - 31, 1937. Death is said to have occurred on the date stated above, at 10 P m.

7. AGE YEARS 51 MONTHS 1 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 optician, sawyer, bookkeeper, etc. Housewife

Carcinoma of Hepatic flexure of Colon

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

Date of onset

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Simmons

Name of operation none Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

What test confirmed diagnosis? Was there an autopsy?.....

15. MAIDEN NAME Dont know

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) Dont know

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

17. INFORMANT Len Sparlin (ADDRESS) Seneca

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparlin DATE April 4 1937

Manner of injury..... Nature of injury.....

19. UNDERTAKER Norman E. Mitchell (ADDRESS) Seneca Mo

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

20. FILED 4/10 1937 Frank Sparlin Registrar.

If so, specify (Signed) W. C. Jordan, M. D. (Address) Seneca Mo

N. B.—Every item of information should be carefully supplied. A. B. S. showing the cause of death is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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