

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.

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Callaway*

Registration District No. *101*

File No. *23311*

Township *Mirabeau*

Primary Registration District No. *5149*

Registered No.

City

(No.

St.

Ward)

2. FULL NAME *James H. Sparks*

(a) Residence, No. *all life*

St.

Ward.

(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

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (Or, WIDOWED) *Grace Sparks*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 16-1871*

7. AGE YEARS *65* MONTHS *9* DAYS *23* IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *all life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Callaway Co., Missouri*

13. NAME *Sparks*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Grace Sparks* (ADDRESS) *Cameron, Mo. R. 7.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cameron, Mo.* DATE *June 9, 1937*

19. UNDERTAKER *H. F. Powell* (ADDRESS) *Piddler, Mo.*

20. FILED *June 15, 1937* *Mrs. Ora Sloan* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 8, 1937*

22. I HEREBY CERTIFY That I attended deceased from *Aug 1936* to *June 8, 1937*

I last saw him alive on *June 8, 1937*. Death is said to have occurred on the date stated above, at *7:20* a.m.

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

*Coronary Sclerosis* 1936  
Other contributory causes of importance: *131*  
*Arteriosclerosis*  
*Sclerosis Arteriosclerotic*  
*Heart* before 1930

Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? *Phys. Diag.* Was there an autopsy? *Yes*

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) *Herbert R. Boock* M. D.  
(Address) *Hamilton, Mo.*

