

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

Do not use this space.

**OCT 19 1937**

**33488**

**1. PLACE OF DEATH**

County Jackson  
 Township Raw  
 City N. G. Mo

Registration District No. 399  
 Primary Registration District No. 1002  
 (No. 3210 Linwood)

File No. \_\_\_\_\_  
 Registered No. 33488  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Homer Stanley Sparr  
 (a) Residence, No. 3210 Linwood 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 male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7-1892

7. AGE YEARS 45 MONTHS 5 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Carthage Mo

13. NAME Frank J. Sparr

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

15. MAIDEN NAME Mary J. Hodkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Neb.

17. INFORMANT (ADDRESS) Mrs. Dorothy Sparr 3210 Linwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Sept. 30, 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 N. Linwood

20. FILED 9/29 1937 M. M. Corwin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/28 9/17/37, 1937, to 9/28/37, 1937

I last saw him alive on 9/28/37, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Coronary Occlusion Date of onset 9/24/37

Other contributory causes of importance: g4B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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) J. M. Spang, M. D.  
 (Address) 1142 N. Blvd. REX.

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.

OCCUPATION  
 FATHER  
 MOTHER

1401 S. M. Blvd

No 0450