DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell, Registration District No. 93 File No. 40798

Township Davis, Primary Registration District No. 5138 Registered No. 22

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME George Washington Sparks,

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 White,

5. SINGLE, [redacted], OR [redacted] (write the word) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-26th-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min
71	3 #	2	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Nov.- 27th-1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell County, Missouri,

FATHER

13. NAME Wm. M. Sparks,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio,

MOTHER

15. MAIDEN NAME Lucinda Fitzpatrick,

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

17. INFORMANT (ADDRESS) John Sparks, Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Phares Cemetery DATE Nov.-30-1937

19. UNDERTAKER (ADDRESS) E. P. Michael, Braymer, Mo.

20. FILED Nov 30 1937 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August -10- 1925, to November -28- 1937

I last saw him alive on November -12- 1937. Death is said to have occurred on the date stated above, at 5 P. m.

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

Epileptic Seizure

Date of onset

Other contributory causes of importance: Arterio-Sclerosis

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ardmore B. Woolsey M. D.

(Address) Braymer, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.