

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Monroe  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 580  
Primary Registration District No. 5777

File No. 46108  
Registered No. \_\_\_\_\_

2. FULL NAME Emily Jewett Sparks

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/4/1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
61 10 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Frankford Mo

13. NAME Henry Sunklear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalia Mo

15. MAIDEN NAME Pattie Beard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Wm F Sparks (ADDRESS) mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE 12/12 1937

19. UNDERTAKER J. D. Thompson (ADDRESS) Madison Mo

20. FILED 12/11 1937 Wm F Sparks Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Dec. 11 1937  
I last saw him alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast Date of onset \_\_\_\_\_

Other contributory causes of importance: 50

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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) J. D. Hyatt \_\_\_\_\_ M. D.  
(Address) Madison

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.

