

REC'D APR 23 1938

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

Do not use this space.

9572

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 26th + Blue Ridge)

File No. _____

Registered No. 1037

St. _____ Ward _____

2. FULL NAME Mrs. Susan Sparks 162(a) Residence, No. 26 + Blue Ridge 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Sparks6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 18567. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 4 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Kirkville 0
(STATE OR COUNTRY) Missouri 413. NAME Permal Marshall 014. BIRTHPLACE (CITY OR TOWN) England 0
(STATE OR COUNTRY) _____15. MAIDEN NAME Sarah Harrington16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Missouri17. INFORMANT Louis Ledoux
(ADDRESS) 260 Blue Ridge

18. BURIAL, CREMATION, OR REMOVAL

PLACE Collins Mrs. DATE Mar. 6 193819. UNDERTAKER D. W. Newcomer's Sons(ADDRESS) Bryant's Creek + Casey20. FILED Mar 6 1938 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 193822. I HEREBY CERTIFY, That I attended deceased from Mar 4 1938, to Mar 4 1938I last saw her alive on May 3 1935. Death is saidto have occurred on the date stated above, at 3:50 p.m.

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

Myocardial Infarction Date of onset 2-23-38

Other contributory causes of importance:

Family

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera 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 _____, 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? no

If so, specify _____

(Signed) Charles Jackson M. D.(Address) 207 1/2 1st St. S.W.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-20314

Commons Bg. 01-9171

UP 11036 common; W & 4193

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