

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.

DEC 16 1939

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

Do not use this space.

39991

1. PLACE OF DEATH

County Jasper Registration District No. 419
Township McDonald Primary Registration District No. 03-73
City (No.) Ward (No.)

File No.
Registered No.
St. Ward)

2. FULL NAME

William Arthur Sparks
(a) Residence, No. 2a Russell Mo. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-3-1869</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>0</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper Co. Mo.</u>	
	13. NAME <u>L. H. Sparks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Bonford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Orville Sparks 2a Russell Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cave Springgate 11-18-1939</u>		
19. UNDERTAKER (ADDRESS) <u>Morgan Leiman Miller Mo.</u>		
20. FILED <u>Nov 18 1939</u> <u>Mrs. W. A. Hall</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1939, to 11-14-1939. I last saw him alive on 11-14-1939. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart - few days 11-10-39

Date of onset

Other contributory causes of importance:
Chronic cardiac asthma years or more

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) M. J. Hall, M. D.
(Address) 39991 Saccopio Mo.

RECEIVED

District Health Officer No. 6;

District File Number 1239-2567

Date Filed DEC 13 1939