Indiana State Board of Health
CERTIFICATE OF DEATH

PUNCHED

Registered No. 1822

[1]PLACE OF DEATH
County of Monroe
Township of Bloomington
Town of
or
City of Bloomington (No. 903, West 4th St., Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[2]FULL NAME Frances Isabelle Sparks

PERSONAL AND STATISTICAL PARTICULARS

[3]SEX: Female
[4]Color or Race: White
[5]Single, Married, or Divorced (Write the word): Married

[6]NAME OF HUSBAND OR WIFE (of deceased): Warren Sparks

[7]DATE OF BIRTH (of deceased): August 27 (Month) (Date) 1903 (Year)

[8]AGE: 23 years 10 months 8 days
If LESS than 1 day, hrs, or min.?

[9]OCCUPATION
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):

[10]BIRTHPLACE OF DECEASED (State or country): Indiana

PARENTS
[11]NAME OF FATHER: Frank Kirby
[12]BIRTHPLACE OF FATHER (State or country): Indiana
[13]MAIDEN NAME OF MOTHER: Ida Carter
[14]BIRTHPLACE OF MOTHER (State or country): Ohio

[15]THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Warren Sparks
(Address): Bloomington, Ind.

[16]Filed June 6, 1927
J E Moore M.D.
Name and Address of Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

[17]DATE OF DEATH: June 5 (Month) (Day) 1927 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2 1927 to June 5 1927
that I last saw her alive on June 5 1927
and that death occurred, on the date stated above, at 5:45 A.M.

The CAUSE OF DEATH* was as follows:
An acute obstruction of bowel.
10 to 15
(Duration) yrs. mos. da.

Contributory (Secondary)
(Duration) yrs. mos. da.

(Signed) J E Moore, M.D.
June 5 1927 (Address) Bloomington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

[18]LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or Usual Residence

[19]PLACE OF BURIAL OR REMOVAL: Rose Hill Cem.
DATE OF BURIAL: June 7 1927
[20]UNDERTAKER: Arthur Day
WAS THE BODY EMBALMED? Yes
[21]ADDRESS: Bloomington Ind.
EMBALMER'S LICENSE No. 1964