2942

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 504
Registrar's No. 646 C

1. Place of Death: (a) County Yavapai (b) City or Town Whipple, Arizona (If outside city limits also write RURAL) (c) Location Veterans Administration (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 8 mos. 27 das.; In Community Unknown (Specify whether years, months or days); In Arizona 40 Years

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)

(d) Street No. - - - - - -; (e) Citizen of foreign country (Yes or No) No
If Yes, which country - -

3. (a) FULL NAME SPARKES, Thomas J. (b) If Veteran name war World War (c) Social Security No. Unknown

4. Sex: Male

5. Race: White X Indian ☐ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced: Divorced

6. (b) Name of husband or wife: Divorced

6. (c) Age of husband or wife, if alive ....yrs.

7. Birthdate of deceased June 28, 1886 (Month) (Day) (Year)

8. AGE: Years 58 | Months 2 | Days 3 | If less than one day hrs. - min. -

9. Birthplace Unknown (City, town or county) South Dakota (State or Country)

10. Usual Occupation Locomotive Fireman

11. Industry or Business Locomotive Fireman

Father: 12. Name Thomas J. Sparkes, deceased
13. Birthplace Wisconsin (City, town or county) (State or Country)

Mother: 14. Maiden Name Marian Martin, deceased
15. Birthplace Michigan (City, town or county) (State or Country)

16. (a) Informant's own signature Veterans Administration
(b) Address Facility Records

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz. (c) Date 9-6-44

18. (a) Embalmer's Signature Lester Ruffner
(b) Funeral Director LESTER RUFFNER FUNERAL HOME
(c) Address PRESCOTT, ARIZONA

19. (a) Sept 11, 1944 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 31, 1944, 19....;
TIME (Hour and minute) 10:35 P. M. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1943, 19.... to Aug. 31, 1944, 19....; that I last saw him alive on Aug. 31, 1944, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas — DURATION Unknown

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations - - -

Of autopsy - -

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) - - -
(b) Date of occurrence - - -
(c) Where did injury occur? - - - (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? - - (Specify type of place)
While at work? - - (e) Means of injury - -

23. Signature J. E. FAHY, M. D., Clinical Director M. D.
Address Whipple, Arizona Date signed 9-1-44