

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

25155

PLACE OF DEATH
Lawrence
County
Township
or
Village
or
City
2nd Remon North
Registration District No. 470
Primary Registration District No. 5633
(NO. St. Ward)
2^d FULL NAME John Nelson Parrish

File No. 25155
Registered No. 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male
2 COLOR OR RACE White
3 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed
4 DATE OF BIRTH March 25 1888
(Month) (Day) (Year)
5 AGE 88 yrs. 4 mos. 15 da.
If LESS than 1 day or less than 1 yr.?

6 OCCUPATION Retired Farmer
General nature of industry, business or establishment in which employed (or employer) X

9 BIRTHPLACE Ohio
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Enoch Parrish
11 BIRTHPLACE OF FATHER not known
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER not known
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. G. Moore
(Address) Wm Remond Mo

15 Filed Aug 11, 1915 - G. H. Knapp Registrar

V MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug - 10 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan 12, 1915 to Jan 13, 1915
that I last saw him alive on Jan 12, 1915
and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:
Chronic Bronchitis
of arteries
120 B
11 1/2 (Duration) 5 yrs. 10 mos. da.

CONTRIBUTORY 291-105
(Secondary) (Duration) 5 yrs. 10 mos. da.
(Signed) W. M. Williams M. D.
Aug 11, 1915 (Address)

*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. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Williams Cemetery DATE OF BURIAL 8/11, 1915

20 UNDERTAKER Geo B Orr ADDRESS Wm Remond Mo

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly understood.

