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.

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

1149

PLACE OF DEATH

County: McDonald

Township: Pineville

or Village: Pineville

or City: ____ (NO. ____, ____ St.; ____ Ward)

Registration District No. ____ File No. 13166 a

Primary Registration District No. ____ Registered No. ____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lewis D Parsons

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

DATE OF BIRTH: Aug (Month) 12 (Day), 1861 (Year)

AGE: 64 yrs. 8 mos. 14 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ____

BIRTHPLACE (City or town, State or foreign country): Cass Co Mo

PARENTS
- NAME OF FATHER: J C Parsons
- BIRTHPLACE OF FATHER (City or town, State or foreign country): Ky
- MAIDEN NAME OF MOTHER: Mary Ann Wheeler
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Chas Parsons

(ADDRESS): Pineville Mo

Filed Apr 26, 1926 O J Johns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Apr 26 (Month) (Day), 1926 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 7, 1926, to Apr 26, 1926, that I last saw him alive on Apr 26, 1926, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

44 A

Dont Know (Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) O J Johns M. D.

Apr 26, 1926 (Address) Pineville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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 ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pineville Mo	Apr 28, 1926
UNDERTAKER: P L Cornell	ADDRESS: Pineville Mo

PLACE OF DEATH

County: McDonald

Township: Pineville
or
Village: Pineville
or
City: _____ (NO. _____ _____ St.; _____ Ward)

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

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Absolom W Marshall

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.

WARNER & BRANDLEY, WASHINGTON, MO.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

DATE OF BIRTH: Nov (Month) 12 (Day) 1841 (Year)

AGE: 84 yrs. 6 mos. 10 ds. — If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): _____

BIRTHPLACE (City or town, State or foreign country): Lexington Mo

PARENTS
- NAME OF FATHER: Dent Knox
- BIRTHPLACE OF FATHER (City or town, State or foreign country): _____
- MAIDEN NAME OF MOTHER: Dan I Knox
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs O R Puckett

(ADDRESS): Pineville

Filed May 22, 1926. O. Sylvester, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 22 (Month) (Day), 1926 (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 19, 1925, to May 22, 1926, that I last saw him alive on May 22, 1926, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Jugular Carcinoma

Don't Know (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) O. Sylvester M. D.

May 22, 1926 (Address) Pineville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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 _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pineville Mo	May 1926

UNDERTAKER	ADDRESS
P L Cornell	Pineville