MAR 25 1927

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

Do not use this space.

5261

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 17
Township — Primary Registration District No. 5625 — Registered No.
City Lexington (No. 3024 St. Ward)

2. FULL NAME Irma Jeanne Parker
(a) Residence. No. St., Ward.
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/24/1927

7. AGE: Years — Months — Days 2 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington Township
(STATE OR COUNTRY) Lafayette Co Mo

PARENTS
10. NAME OF FATHER Homer Roy Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Lexington Mo
12. MAIDEN NAME OF MOTHER Ellen Virginia Potter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Concordia Kansas

14. INFORMANT Homer Parker
(Address) Higginsville Mo

15. FILED Feb 27 1927 J. D. Cope, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1927 to Feb 26, 1926 that I last saw her alive on Feb 26, 19, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
1 C R
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Syphilis of Mother
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Cope, M. D
Feb 27 1927 (Address) Lexington Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Waverly Mo — DATE OF BURIAL: 2/27 1927

20. UNDERTAKER: A S Stoder — ADDRESS: Higginsville Mo

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.