

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

Do not use this space.

15108

**1. PLACE OF DEATH**

County... Jackson  
Township... Law  
City... Kansas City

309

Registration District No. \_\_\_\_\_  
Primary Registration District No. A 0 0 2  
(No.          Vineyard Park Hosp. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 1076

**2. FULL NAME** Elizabeth Parnin

(a) Residence, No. 4010 Roanoke Road Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

L.E. Parnin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	7	13	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife 131  
(b) General nature of industry, business, or establishment in which employed (or employer) 132  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England

10. NAME OF FATHER R.E. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England

14. INFORMANT Mr. L.E. Parnin (Address) 4010 Roanoke Road

15. FILED 5/14 1927 M.M. Crowe REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 19 27

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1927, to May 13, 1927, that I last saw hosp. alive on May 13, 1927, and that death occurred, on the date stated above, at 3:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremia

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. mos. ds. 14

18. WHERE WAS DISEASE CONTRACTED 1290 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings

(Signed) David J. Bradford, M. D.

714, 1927 (Address) 1722 W 89

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER Forest Hill ADDRESS May 16 19 27

H.W. Gates K.C.K.

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.

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