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

Do not use this space.

16872

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1603

City..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 4825

2. FULL NAME Willie Parker

(a) Residence. No. 2125 Walnut St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt 41	?	?		

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

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Erwin Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss
(STATE OR COUNTRY)

14. INFORMANT Clarence Taylor
(Address) 2125 Walnut

15. FILED MAY 23 1927 Mark Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-19 1927

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1927, to May 18, 1927, that I last saw b. alive on May 18, 1927, and that death occurred, on the date stated above, at 2:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia

(Duration) ..... yrs. ..... mos. 6 weeks

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2125 Walnut St
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Symptoms & signs
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) M. J. Castellano, M.D.
, 19 (Address) 814 Carr St.

*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.

See reverse.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park.

DATE OF BURIAL 5-23 1927

20. UNDERTAKER Provident - Burial Assn

ADDRESS 4209 W. Easton Ave.

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.

PRINT WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Dr. Platt