

01 28 1927

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

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18927

1. PLACE OF DEATH

County Mississippi
Township Wright
City Wright

Registration District No. 566
Primary Registration District No. 5782

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George Parker, Jr.
(a) Residence. No. 1/2 mile west of Wright Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. _____ da. _____
How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8th, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 10

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) O'Brien Landing Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Parker, Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield, Tennessee
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Della Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dallards County Kentucky
(STATE OR COUNTRY)

14. INFORMANT X C. C. Perry
(Address)

15. FILED 2/17, 1927 at Marshall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18th 1927

17. I HEREBY CERTIFY That I attended deceased from _____
June 12, 1927, to June 18, 1927
that I last saw h. _____ alive on _____, 19____, and that
death occurred, on the date stated above, at _____ 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis
1192 (duration) _____ mos. 15 da.
113B (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? exam
(Signed) E. H. Hays, M. D.
, 19 (Address) Wright 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 Ogden Cemetery - Wright Mo. DATE OF BURIAL 6/19 1927

20. UNDERTAKER The Layman Company ADDRESS Charleston, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Mississippi Registration District No. 5766 File No.
Township Dwight Primary Registration District No. 5762 Registered No.
City (No.) St. Ward)

2. FULL NAME George Parker, Jr.

(a) Residence No. 4 miles W. of Wyatt Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) l.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8 1927

7. AGE YEARS MONTHS DAYS IF LESS (than 1 day, hr. or min.)
5 - 6 - 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. da. 15
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) O'Brien Landing Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER George Parker Sr.

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

12. MAIDEN NAME OF MOTHER Walla Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ballard Co. Ky.
(STATE OR COUNTRY)

14. INFORMANT C. O. Perry
(Address)

15. FILED Aug 18 1927 REGISTRAR F. S. Vernon

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1927

17. I HEREBY CERTIFY That I attended deceased from June 12 to June 18, 1927
that I last saw h. alive on June 18, 19...., and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Enteritis

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) C. F. Rawls, M. D.
, 19 (Address) Wyatt, 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 DATE OF BURIAL
Osden Cem. Wilkiff Ky. June 19 1927

20. UNDERTAKER The Fair Selmons Co. by Charleston, Mo.
D. Laird Jr. ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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