

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003  
(No. 1156 S. Kingshighway)

File No. 19510  
Registered No. 5194  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1156 S. Kingshighway St., 12 Ward.  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Hilda L. Parson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 8 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... Caretaker  
(b) General nature of industry, business, or establishment in which employed (or employer) Swedish Ball Society  
(c) Name of employer

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

10. NAME OF FATHER Dwight Parson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hilda L. Parson  
(Address) 1156 S. Kingshighway

15. IN - 1 1927 Male Starkoff  
FILED 19

REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 1927

17. I HEREBY CERTIFY That I attended deceased from May 9, 1927 to June 3, 1927  
that I last saw him alive on June 3, 1927, and that death occurred, on the date stated above, at 6 P. M.

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

Chronic myocarditis  
(duration) yrs. 6 mos. da.  
CONTRIBUTORY chronic interstitial ne-  
(SECONDARY) phritis (duration) yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH...  
DID AN OPERATION PRECEDE DEATH? no DATE OF...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ger. Ehrlich  
(Signed) June 4, 1927 (Address) 2318 Lafayette Ave. M. D.

\*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 Valhalla Cemetery DATE OF BURIAL 6-5-1927

20. UNDERTAKER Krepskauer & Co. Manchester  
ADDRESS 2104

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. Draf  
3818 Lafayette Ave.  
9-12 A.M.