

NOV 23 1927

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

Do not use this space.

29768

1. PLACE OF DEATH

County Carroll Registration District No. 135  
Township \_\_\_\_\_ Primary Registration District No. 3010  
City Carrollton (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
Registered No. 84

2. FULL NAME

Joseph Chas. 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 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 58 MONTHS unknown DAYS or IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED Teamster  
(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) Carrollton (STATE OR COUNTRY) Mo

10. NAME OF FATHER Tom Parker

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

12. MAIDEN NAME OF MOTHER Elizabeth Smith

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

14. INFORMANT Matt Parker (Address) Carrollton Mo

15. FILED 10-2 1927 ma & E Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 2 19 27

17. I HEREBY CERTIFY, That I attended deceased from 10-1-1927, to 10-2-1927, and that I last saw him alive on 10-2-1927, and that death occurred, on the date stated above, at 9 12 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Stomach

46B (duration) yrs. 6 mos. ds.

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

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. B. Brown M. D. (Address) Carrollton, 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 Uman Oak Hill DATE OF BURIAL 10-5-1927

20. UNDERTAKER Stanley Fun. Home ADDRESS Carrollton 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.

DEPARTMENT RECORD

