

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

Do not use this space.

34154

**1. PLACE OF DEATH**

County Mississippi  
Township  
City East Prairie

Registration District No. 567  
Primary Registration District No. 4334

File No. \_\_\_\_\_  
Registered No. 72 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Luther Dave 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Henry Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3<sup>rd</sup> 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 | 7 | 17

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

9. BIRTHPLACE (CITY OR TOWN) Collaway Co. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER George D Parker

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

12. MAIDEN NAME OF MOTHER Fossett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Collaway Co Mo.  
(STATE OR COUNTRY)

14. INFORMANT Henry Parker X  
(Address) East Prairie Mo

15. FILED 12-10-27 Duff Hodge  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to Nov 20, 1927, that I last saw him alive on Nov 20, 1927, and that death occurred, on the date stated above, at 10:30 P m.

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

Apoplexy  
921A (duration) yrs. mos. ds. 2 ds.

CONTRIBUTORY (SECONDARY) 4 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF 2

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chuga  
(Signed) Geo W. Whitaker, M. D.  
, 19 (Address)

\*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 Dogwood DATE OF BURIAL Nov 21, 1927

20. UNDERTAKER Ed Shelby ADDRESS East Prairie 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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