

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

Do not use this space.

36969

1. PLACE OF DEATH

County Jackson
Township Nash
City Maumock

Registration District No. 399
Primary Registration District No. P1002

File No.
Registered No. 4792
St. Ward)

2. FULL NAME

Jennie Taylor Parker

(a) Residence No. 1219 Pleasant St., 2 Ward.

(Usual place of abode) 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

aug 7th 1870

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>57</u>	<u>4</u>	<u>6</u>	

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

Domestic

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

Kans

10. NAME OF FATHER

James Remick

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

Dont know

12. MAIDEN NAME OF MOTHER

Alice Harris

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

Mo

14.

INFORMANT (Address)

Ida McCay
1219 Pleasant St

15.

FILED

12/19/27
M. H. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12-13-1927

17.

I, HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 13, 1927, that I last saw him alive on Dec 12, 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Injury of Pneumonia
(duration) yrs. mos. ds. 13 ds.

CONTRIBUTORY (SECONDARY)

General debility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Phys. Exam
12/13/27 (Signed) M. H. Crowe M. D.
(Address) 2128 Pine 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Grove Burial Dec. 20, 1927

20. UNDERTAKER

ADDRESS

M. H. T. Katchew 1520 N. 5th St.

K. 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

