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

Do not use this space.

4705

1. PLACE OF DEATH
County Henry — Registration District No. 347.
Township Leesville. — Primary Registration District No. 5501A
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 28.

2. FULL NAME Susie Hill Parks.
(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: Female
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 John S. Parks.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	5	23	

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

9. BIRTHPLACE (CITY OR TOWN) Cooper, Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James McFarland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't know
12. MAIDEN NAME OF MOTHER Nancy Peters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. G. E. Witherspoon
(Address) Brownington Mo. R. 40

15. FILED Feb. 26, 1928 Dr. E. C. Peelor by J.G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Feb. 24, 1928 that I last saw her alive on Feb. 20, 1928, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Rectum 46D
45 (duration) yrs. 18 mos. ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) yrs. 18 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. C. Peelor, M. D.
, 19 (Address) Clinton, 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: Good Hope Cemetery
DATE OF BURIAL: Feb 25, 1928

20. UNDERTAKER: Chas. Rickett
ADDRESS: Brownington Mo.

NB. 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.