MAR 21 1928

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

Do not use this space.

9940

1. PLACE OF DEATH
County: Newton
Registration District No. 615-
Township: Marion
Primary Registration District No. 5817
City: ~~Diamond~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. 5.

2. FULL NAME: Bert. E. Parnell

(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. 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: Alice Parnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26-1884

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	8	13	

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

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

PARENTS

10. NAME OF FATHER: Riley B. Parnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Newton Co. Mo.
12. MAIDEN NAME OF MOTHER: Matilda Goodin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cumberland Co. Ill.

14. INFORMANT: W. A. Parnell
(Address) Diamond Mo. R. 2

15. FILED 3-10, 1928. U. S. Chapman. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1927, to Mar. 8, 1928, that I last saw him alive on Mar. 8, 1928, and that death occurred, on the date stated above, at 12-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilation of the heart
Dont know duration as I only treat him from Oct 28
(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? None.
(Signed) R. T. Chatham, M. D
, 19 (Address) Diamond 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: Diamond Cemetery.
DATE OF BURIAL: 3-10- 1928.

20. UNDERTAKER: H. C. Sutter
ADDRESS: Diamond, Mo.

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.