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

799

Do not use this space.

11864

1. PLACE OF DEATH
County: Saline
Township: Cambridge
City: Slater (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. 6037
File No. .....
Registered No. 17

2. FULL NAME: Lycurgus 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-23-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	24	

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) Paris.
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER John Parks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Louisa Hildreth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. Everett Miller
(Address) Slater Mo.

15. FILED 3-7, 1928 W. M. Tuttle
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Mch 17, 1928, that I last saw him alive on Mch 17, 1928, and that death occurred, on the date stated above, at 7.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency with
92A for last six months
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) dropsy
(duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? home
IF NOT AT PLACE OF DEATH? yes
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. H. Buckles, M. D.
3-19, 1928 (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 Odessa - Mo
DATE OF BURIAL 3-19 1928
20. UNDERTAKER Hill Brothers
ADDRESS Slater

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.