

MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12843

1. PLACE OF DEATH

County Graublee
Township Pacific
City Pacific (No.)

Registration District No. 293
Primary Registration District No. 4177

File No.
Registered No. 17 St. Ward)

2. FULL NAME

Edweda Ruth Parrish

(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 8 mos. 28 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24-1917

7. AGE YEARS MONTHS Days If LESS than 1 day, ___ hrs. or ___ min.
10 | 8 | 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at School
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Wm R. Parrish

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

12. MAIDEN NAME OF MOTHER Lora Couch

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

14. INFORMANT Wm R. Parrish
(Address) Pacific MO

15. FILED Jan 29 1928 Helen Thaler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from April 18 1928 to April 22 1928.
I last saw him alive on April 22 1928, and that death occurred, on the date stated above, at 11-30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Purpura Haemorrhagica
90 A

CONTRIBUTORY (SECONDARY) (90 A)
(duration) ___ yrs. ___ mos. 5 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) [Signature] M. D.
4/24 1928 (Address) Pacific 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 Pacific City Cemetery
DATE OF BURIAL 4/24 1928

20. UNDERTAKER Jno. A. Thibbes
ADDRESS Pacific MO

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.

