

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. 2745)

Wash

791

1003

File No.....

Registered No.....

St.....

Ward.....

22005

6172

2. FULL NAME JOSEPHINE PARKER

(a) Residence. No. 2745 WASH St. 21 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

Female

4. COLOR OR RACE

Colored

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

Married.

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

Harris Parker

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

Jan 10 1900

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

28

5

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Tackson

(STATE OR COUNTRY)

Miss.

10. NAME OF FATHER

Henry Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Malinda Kirby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

PARENTS

14.

INFORMANT

(Address)

HARRIS PARKER

2745 WASH ST

15.

FILED

19

May 22 1922

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

5/6

1928

17.

HEREBY CERTIFY That I attended deceased from May 1, 1928, to June 6, 1928, that I last saw her alive on June 3, 1928, and that death occurred on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

281 Pul Tuberculosis
(duration) yrs. mos. 30 da.

CONTRIBUTORY (SECONDARY)

unknown
(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?

T. B. in Sputum

(Signed)

John W. Wilder, M. D.

, 19

(Address) 2813 Chestnut

*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

Washington Park

June 9 1928

20. UNDERTAKER

W.C. Gordon Und. Co

ADDRESS

2849 Morgan St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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