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

Do not use this space.

28871

File No. 8374

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 7617 Water St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Hattie Paraskevas

(a) Residence. No. 7617 Water St., 1 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	38	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Missouri

PARENTS

10. NAME OF FATHER William Wallace

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

12. MAIDEN NAME OF MOTHER Harriet Vrsheve

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No

14. INFORMANT Wm Paraskevas
(Address) 7617 Water St.

15. FILED, 19 Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1928, to Aug 15, 1928 that I last saw her alive on Aug 14, 1928, and that death occurred, on the date stated above, at 1:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

82A

97 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 2 yrs. mos. ds.

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?

(Signed) A W Peters, M.D.

, 19 (Address) 601 Missouri Bldg

*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 Park Lawn

DATE OF BURIAL 8/17 1928

20. UNDERTAKER Southern

ADDRESS 7315 S Bdy

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.