NOV 22 1928

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

Do not use this space.

34254

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No.
Township — Primary Registration District No. 4344 — Registered No. 51
City Paris (No. St. Ward)

2. FULL NAME John E. Parker

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1858

7. AGE: Years 70 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

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) Illinois

PARENTS
10. NAME OF FATHER U. K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U. K.
12. MAIDEN NAME OF MOTHER U. K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U. K.

14. INFORMANT Chas. W. Parker
(Address) Stoutsville

15. FILED Oct 10, 1928 N. C. Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Oct 7, 1928, that I last saw him alive on Oct 7, 1928, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cystitis
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Cystitis & Myocarditis
(duration) 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? Clinical
(Signed) M. C. McMurray, M. D.
Oct 7, 1928 (Address) Paris 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 Ulta Ills — DATE OF BURIAL Oct 10 1928
20. UNDERTAKER Speed & Blakey — ADDRESS Paris, Mo.

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.

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