JAN 25 1929

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

Do not use this space.

41763

1. PLACE OF DEATH
County Moniteau
Township Moniteau
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1095
Primary Registration District No. 4-3-36

File No. .....
Registered No. .....

2. FULL NAME Mary Marie 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. 3 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24-1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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) Moniteau Co

PARENTS

10. NAME OF FATHER Albert Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cooper Co
12. MAIDEN NAME OF MOTHER Elizabeth Summers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Miller Co

14. INFORMANT Albert Parker
(Address) Clarksburg Mo

15. FILED 12-28, 1928 J. C. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-27-1928

17. I HEREBY CERTIFY, That I attended deceased from 9-24-1928, to 12-27-1928 that I last saw h. alive on 12-26-1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition

129 160 (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) X

(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? Usual Symptoms
(Signed) S. H. Downing, M. D
, 19 (Address) Clarksburg - 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: Oakland Cem
DATE OF BURIAL: 12/27 1928

20. UNDERTAKER: Williams & Friedmeyer
ADDRESS: California Mo

Do not write anything on this side of the sheet, as it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state