

JAN 25 1929

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

Do not use this space.

41917

1. PLACE OF DEATH

County Oregon Registration District No. 632 File No. _____
Township _____ Primary Registration District No. 4382 Registered No. _____
City Thayer (No. _____) St. _____ Ward _____

2. FULL NAME

May Parsons
(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? 37 yrs. 6 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fc 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Parsons
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 9 - 1891
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 6 25

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) Housewife
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Oregon Co.

10. NAME OF FATHER M. R. Guss

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

12. MAIDEN NAME OF MOTHER Bertina Willard

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

14. INFORMANT M. R. Guss (Address) Thayer

15. FILED Dec 31 28 1928 Stephen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 28 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 1:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck crushed by R.P. train
Frises No. 103 on crossing
at north end of yards at
Thayer Mo. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Accidental (SECONDARY) gobf (duration) _____ yrs. _____ mos. _____ 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) A. L. Carr M.D. _____, 19____ (Address) Thayer

*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 Community Cemetery DATE OF BURIAL 12/31-1928

20. UNDERTAKER A. L. Carr ADDRESS Thayer Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

1952



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon Registration District No. 632 File No.
 Township Thayer Primary Registration District No. 4382 Registered No.
 City Thayer (No.) St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
 (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1928

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

17. I HEREBY CERTIFY That I attended deceased from
 that I last saw h. alive on, 19....., and that death occurred, on the date stated above..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/3/1891

THE CAUSE OF DEATH WAS AS FOLLOWS:
Skull fractured by B. B. train
103 on crossing at
W. end of yards at Thayer.
 (duration) yrs. mos. ds.

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

8. OCCUPATION OF DECEASED

CONTRIBUTORY... Accidental
 (SECONDARY) (duration) yrs. mos. ds.

(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)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Automobile

10. NAME OF FATHER

DID AN OPERATION PRECEDE DEATH? DATE OF
Accident

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

19. WHAT TEST CONFIRMED DIAGNOSIS?
189C

12. MAIDEN NAME OF MOTHER

(Signed), M. D.
 19 (address)

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

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED Dec 31 1928 E. Rhea REGISTRAR

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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