

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

Do not use this space.

158

1. PLACE OF DEATH

County Newton
Township White
City Lincoln

Registration District No. 60
Primary Registration District No. 5093

File No. _____
Registered No. 370
St. _____ Ward _____

2. FULL NAME

Joseph H 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. 2 ds. 10 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Allie Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1855

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>6</u>	<u>24</u>		

8. OCCUPATION OF DECEASED Retired farmer

- (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) _____

10. NAME OF FATHER Samuel Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Donk Honor (STATE OR COUNTRY) East Tennessee

12. MAIDEN NAME OF MOTHER Lydia Summers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Donk Honor (STATE OR COUNTRY) East Tennessee

14. INFORMANT Allie Parker (Address) Lincoln Mo.

15. Jan 11, 1929 E. L. Charles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Jan 7, 1929, that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Heart

CONTRIBUTORY (SECONDARY) Enlarged Heart caused from atherosclerosis (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) S. O. Stratton, M. D.

, 19 (Address) Lincoln 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 Lincoln, Cemetery DATE OF BURIAL Jan. 9, 1929.

20. UNDERTAKER J. H. Calbert, Lincoln Mo. ADDRESS _____

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.

RECORD 1-288

