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

Do not use this space.

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File No.

Registered No. 255

1. PLACE OF DEATH

County Buchanan Registration District No.

Township Primary Registration District No. 1001

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Henry Clay Park,

(a) Residence. No. 2915 Felix Street, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 32 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 Elizabeth Park,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1845

7. AGE: Years 83 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Member Editorial Staff

(b) General nature of industry, business, or establishment in which employed (or employer) Newspaper

(c) Name of employer The News Corporation

9. BIRTHPLACE (CITY OR TOWN) Estill County,
(STATE OR COUNTRY) Kentucky,

PARENTS

10. NAME OF FATHER Elihu Park,

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

12. MAIDEN NAME OF MOTHER Mary Ballew

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

14. INFORMANT Charles H. Adams
(Address) 2915 Felix Street,

15. FILED FEB 27 1929 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1929, to Feby 27, 1929, that I last saw him alive on Feby 26, 1929, and that death occurred, on the date stated above, at 3:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcic meningitis
11B
998

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 8 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 lab

(Signed) W. Klaus, M. D

Mar. 1, 1929 (Address) St. Joseph, 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: Atchison, Ks. via auto

DATE OF BURIAL: Feb. 28, 1929

20. UNDERTAKER: Heaton-Belsole-Bowman by S.H. Teale

ADDRESS: 319 S. 10 St. Funeral Home

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.

MAR 1 1929

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