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

Do not use this space.

Registration District No. 6 | File No. 32 | Registered No. 9243

Primary Registration District No. 6

1. PLACE OF DEATH

County: Camy

Township: Lost

City: Bragth (No. ..... St. ..... Ward)

2. FULL NAME Joseph Calvin Parrish

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 1853

7. AGE	Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
	75	7	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(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) Polk County

PARENTS

10. NAME OF FATHER Barnett P. Parrish

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

12. MAIDEN NAME OF MOTHER Mary J. Wright

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

14. INFORMANT A. L. Parrish
(Address) Forsyth, Missouri

15. FILED 2/27/29 Pa Thornhill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27 1929

17. I HEREBY CERTIFY, That I attended deceased from March, 1926, to Feb., 1929, that I last saw h. alive on Feb 27 1929, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Fibrosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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? Sputum (pneumococci)

(Signed) M. Threadgill, M. D

, 19 (Address) Bragth 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 Green Lawn Cem | DATE OF BURIAL 2-28 1929

20. UNDERTAKER Roelofs | ADDRESS Branson

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.