

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

Do not use this space.

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.

23.1929

1. PLACE OF DEATH  
 County Quincy Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. Woods Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Oletta Parker  
 (a) Residence. No. 730 no 13 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred to yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 9664  
 Registered No. 371

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5-1924  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
7 8 12  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) School at home  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden, Nebraska  
 10. NAME OF FATHER C Parker  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mountain View, Missouri  
 12. MAIDEN NAME OF MOTHER Luzia Clark  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Nebraska  
 14. INFORMANT Mr. C. Parker  
 (Address) 730 Park 23rd  
 15. FILED 3/18/29 John H. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929  
 17. Viewed Body  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 11:00 P. M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental pistol shot injury at 7.30 N. 23d St Joseph Mo.  
184 (duration) yrs. mos. ds. 60  
 CONTRIBUTORY (SECONDARY) 185 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH. None DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) B. W. Tollock coroner, M. D.  
3/18th 9 (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 Memorial Park DATE OF BURIAL March 19 1929  
 20. UNDERTAKER Heuman Funeral Home ADDRESS 238 Francis

