

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

Do not use this space.

15480

28 1929

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.

PLACE OF DEATH Newton  
 County Gasconade Registration District No. 1046  
 Township Shoal Creek Primary Registration District No. 5810  
Saginaw (City or Town)  
 2. FULL NAME Hattie Parrick  
 (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.

File No. \_\_\_\_\_  
 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9, 1853  
 7. AGE: YEARS 74 MONTHS 1 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.  
 10. NAME OF FATHER Geo  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mass.  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1929  
 I HEREBY CERTIFY that I attended deceased from Apr 23 1929 to Apr 23 1929 that I last saw alive on Apr 23 1929, and that death occurred, on the date stated above, at \_\_\_\_\_  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral hemorrhage  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Atherosclerosis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18. WHERE WAS DISEASE CONTRACTED Mass.  
 IF NOT IN PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) G. Albert Chenevix  
4-25, 1929 (Address) Joplin Mo

14. INFORMANT (Address) Mrs Geo Egge Saginaw Mo  
 15. FILED 4/25 1929 J. P. Hume REGISTRAR  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Eldorado KS DATE OF BURIAL 4-25 1929  
 20. UNDERTAKER Hurlbut and Co ADDRESS Joplin Mo

