JUN 25 1929

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

Do not use this space.

17732

1. PLACE OF DEATH
County: Dunklin
Township: Union
City: (No. ..., ... St. ..... Ward)
Registration District No.: 282
Primary Registration District No.: 5401
File No.:
Registered No.: 22

2. FULL NAME: Leona Parrent
(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: Fem.
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: J. R. Parrent
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 26-1871
7. AGE: Years 57 | Months 10 | Days — | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Ky.

PARENTS
10. NAME OF FATHER: G. W. Vaughn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Amanda Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: J. W. Parrent
(Address): Campbell Mo.
15. FILED: 6/26, 1929 E. W. Landers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26 1929
17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to May 26, 1929 that I last saw her alive on May 25, 1929, and that death occurred, on the date stated above, at 3 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Agitans —
87B
84B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Campbell Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X
(Signed) John L. Brown, M. D.
, 19 (Address) Campbell 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: Wood Lawn Cem.
DATE OF BURIAL: May 27 1929
20. UNDERTAKER: E. W. Landers
ADDRESS: Campbell

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.