

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

Do not use this space.

19158

1. PLACE OF DEATH
 County Reynolds Registration District No. 954
 Township Corrall Primary Registration District No. 3979a File No. _____
 City _____ (No. _____) St. _____ Ward _____ Registered No. 37

2. FULL NAME William Parker
 (a) Residence No. _____ St. _____ Ward _____ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

PARENTS
 10. NAME OF FATHER Joseph Parker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
 12. MAIDEN NAME OF MOTHER Susan Basell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to May 27, 1929, that I last saw alive on May 27, 1929, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic Insipidus

59 57 (duration) yrs. mos. ds. 25

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) J. G. Gardner, M.D.
 19. (Address) Bunker 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 Greely Mo DATE OF BURIAL May 29 1929

20. UNDERTAKER Kathy ADDRESS Greely Mo

14. INFORMANT George Modern
 (Address) Greely Mo

15. FILED May 28 1929 J. G. Gardner REGISTRAR
Bunker Mo

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.

