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

Do not use this space.

20801

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5127

City St. Joseph Mo. (No. Swift and Company St. Ward)

File No. 44

Registered No.

2. FULL NAME Pete Parlinger

(a) Residence. No. 207 Arizona St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Katie Parlinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 45 | Months Unknown | Days | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Hungaria

PARENTS

10. NAME OF FATHER: Joe Parlinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Hungaria
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

14. INFORMANT: Mrs. Katie Parlinger
(Address) 207 Arizona

15. FILED 6-26, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 24, 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed Body, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 1:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidentley Electrocuted at Swift & Co. St Joseph Mo.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 196

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ##

(Signed) B.W. Tadlock Coroner, M.D.
6/24, 1929 (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: Mt Olivet Cem — DATE OF BURIAL: June 26, 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Pealhouse

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD