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

Do not use this space.

26969

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St Joseph (No. St. Joseph Hospital St. Ward)

File No.

Registered No. 925

2. FULL NAME George Francis Parry

(a) Residence. No. 602 North 8 street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 22, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	69	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired Traveling

(b) General nature of industry, business, or establishment in which employed (or employer) salesman

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pottsville
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER William J Parry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Carroll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Hannah Parry
(Address) 602 No. 8 street

15. FILED Aug 5 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 2 1929

17. I HEREBY CERTIFY, That I attended deceased from 3.15, 1929, to 8.2., 1929, that I last saw him alive on 8.2, 1929, and that death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

71A 580 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Inanition (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? clinical + laboratory

(Signed) Henry M. Frommer, M.D

Aug. 3, 1929 (Address) Phys. & Surgeons Bldg.

*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 Cemetery

DATE OF BURIAL Aug. 5 1929

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.

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

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.

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