OCT 23 1929

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

Do not use this space.

33367

1. PLACE OF DEATH

County Davies — Registration District No. 250 — File No.

Township Union — Primary Registration District No. 5348 — Registered No. 549

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Eliza A Parker

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

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James M. Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 23-1838

7. AGE: Years 91 — Months 0 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Ky.

PARENTS

10. NAME OF FATHER: Samuel Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Ky

12. MAIDEN NAME OF MOTHER: Lydia Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Edward Parker
(Address) Gallatin Mo. R.R-4

15. FILED 10/16 1929 P.L. Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1929, to Oct. 15 1929, that I last saw her alive on Oct 15, 1929, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

No disease. Old age.

16 r

164

(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. R. Doolin, M. D.

10/16, 1929 (Address) Gallatin, 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: Brown Cemetary — DATE OF BURIAL: 10/17 1929

20. UNDERTAKER: H. A. Hope — ADDRESS: Gallatin

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.