31

AUG 21 1930

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

Do not use this space.

36747

1. PLACE OF DEATH
County: Doniphan
Township: Pattonsburg
City: (No. ..... St. ..... Ward)
Registration District No. 254
Primary Registration District No. 4184
File No. .....
Registered No. 26.

2. FULL NAME: Rea Donald Parker

(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: m
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 7 - 1910

7. AGE: Years 29 | Months - | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

261

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pattonsburg

1

PARENTS

10. NAME OF FATHER: Jno Z Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Donifhan C Kan
12. MAIDEN NAME OF MOTHER: Mary E Rea
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Brown Co. Kan

2

14. INFORMANT: Jno Z Parker
(Address) Pattonsburg

15. FILED Nov 30 1929 John B. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1929, to ....., 19.... that I last saw ~~[illegible]~~ alive on 30 Nov, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Gun Shot wound
184

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

CONTRIBUTORY (SECONDARY) 183

(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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Hedges, M. D

Dec 3, 1929 (Address) Pattonsburg

*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: Highland Kan
DATE OF BURIAL: 12-2-29

20. UNDERTAKER: G S Gramer Pattonsburg
ADDRESS

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.