

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

Do not use this space.

37538

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Walden Primary Registration District No. 2017
 City Walden (No. Jasper Including) St. _____ Ward _____

2. FULL NAME

Mrs. Marnie J. Parker
 (a) Residence. No. Walden (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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 4 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER Wesley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) N. Carolina

14. INFORMANT (Address) Silas E. Parker
Walden Mo.

15. FILED 11/16 1929 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1929 to Nov 14, 1929 that I last saw her alive on Nov 14, 1929 and that death occurred, on the date stated above, at 12-15-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metral insufficiency
1929
1011 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 900 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. E. Craig M. D.

, 19 _____ (Address) Joplin 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 Jonestown Mo. DATE OF BURIAL 11-18-1929

20. UNDERTAKER Amberlund & Co ADDRESS Joplin Mo

N. B.—Every item of information should be carefully supplied. Accuracy of information is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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