CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1930

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

Do not use this space.

1. PLACE OF DEATH
County Daviess — Registration District No. 250 — File No. 40172
Township — Primary Registration District No. 4150 — Registered No. 559
City Gallatin (No. ..... St. ..... Ward)

2. FULL NAME Cynthia Ann 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: Daniel Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 3-1849

7. AGE: YEARS 80 — MONTHS 7 — DAYS 13 — 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

23b

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

2

PARENTS
10. NAME OF FATHER: Abraham Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Catherine Beck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.

14. INFORMANT: Abe Reed
(Address) Gallatin Mo.

15. FILED 12/18, 1929 — P. L. Gardner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1929, to Dec. 16, 1929 that I last saw her alive on Dec. 12, 1929, and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility 11B
162
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Flu
..... (duration) ..... yrs. ..... mos. 30 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?

8 11B

(Signed) L. R. Doolin, M. D.
12-17-1929 (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: Lile — DATE OF BURIAL: 12/17- 1929

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