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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6598

Township ..... Primary Registration District No. 100 Registered No. 1414

City St. Louis, Mo (No. 4960 Laclede FRISCO HOSPITAL St. ..... Ward)

2. FULL NAME Walter Parsons

(a) Residence. No. 1430 S. 15th St., 12 Ward. Birmingham, Ala.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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 Mrs. Walter Parsons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/26-1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	?1	?13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer) Rail road
(c) Name of employer Frisco R. R. Co.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Alabama

PARENTS
10. NAME OF FATHER James Parsons
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Alabama
12. MAIDEN NAME OF MOTHER Cora McKinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mississippi

14. INFORMANT C. L. Martin
(Address) 4960 Laclede

15. FILED FEB 10 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1929, to Feb. 9, 1930 that I last saw him alive on Feb. 9, 1930, and that death occurred, on the date stated above, at 2:15 P m.

53E THE CAUSE OF DEATH* WAS AS FOLLOWS: Generalized Intrabdominal Carcinomatosis. Primary seat could not be determined

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

CONTRIBUTORY (SECONDARY) Unknown

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec. 30, 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Pathological exam of tissue

(Signed) C. L. Martin, M. D.
Feb. 9, 1930 (Address) 4960 Laclede

*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	DATE OF BURIAL
Birmingham, Ala.	2/9 1930

20. UNDERTAKER	ADDRESS
Robert Flemberg	429 N. Euclid av

[redacted]