APR 23 1930

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

Do not use this space.

8007

1. PLACE OF DEATH
County: Carroll
Township:
City: Norborne (No. ..... St. ..... Ward)

Registration District No. 138
Primary Registration District No. 4078

File No.
Registered No. 11

2. FULL NAME Mattie Parker

(a) Residence. No. ..... St., ... Ward. 1116 Freeman Ave. Kansas City, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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)
Female	Colored	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	3.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Jackson Co. Mo.

PARENTS

10. NAME OF FATHER Milton Howe
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Cadet Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Carroll Co

14. INFORMANT A M Howe
(Address) Norborne, Mo.

15. March 15, 1930 E. A. Musson M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1929, to March 11, 1930, that I last saw her alive on March 11, 1930, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria - Sclerosis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Embolism
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) E. A. Musson, M. D.
March 15, 1930 (Address) Norborne, 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	DATE OF BURIAL
Steinle Cem	Mar 15 1930
20. UNDERTAKER W. I. Strauss	ADDRESS Norborne Mo.

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.