

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

Do not use this space.

8562

1. PLACE OF DEATH

County Jackson Registration District No. 298
Township Blue Primary Registration District No. 3019
City Independence Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 87

2. FULL NAME

Laura E. Parker
(a) Residence. No. 207 1/2 West Lexington St. 1 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 Female 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) Oct 24 - 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>5</u>	<u>29</u>	

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

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

10. NAME OF FATHER William Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charleston
(STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Mary A. Lloyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Roanoke
(STATE OR COUNTRY) W. Va.

14. INFORMANT W. E. Parker
(Address) 207 1/2 West Lexington

15. FILED 3-24-30 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1929, to March 23, 1930 that I last saw her alive on March 22, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease Coronary
72A

CONTRIBUTORY (SECONDARY) J. O. W.
(duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. O. Heckman M. D.
March 24, 1930 (Address) Independence 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 Lexington Mo. DATE OF BURIAL 3-26-1930

20. UNDERTAKER W. L. Mitchell 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.

APR 30 1930

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