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

Do not use this space.

15612

1. PLACE OF DEATH

County: Clark — Registration District No.: 190 — File No.:

Township: Jackson — Primary Registration District No.: 5274 — Registered No.: 22

City: (No. St. Ward)

2. FULL NAME: Betty Louise Parson

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5 26 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, 2 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Jackson Twp. Mo.
(STATE OR COUNTRY): Clark Co.

PARENTS

10. NAME OF FATHER: Charley Parson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Clark Co. Mo.
12. MAIDEN NAME OF MOTHER: Anna C Toopsve
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): St Francisville Mo.

14. INFORMANT: Charley Parson
(Address): Kahoka, Mo. R.F.D. # 1

15. FILED: 5/26, 1930 — J. R. Bridges — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5 26 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 1:45 P.M. May 26, 1930, to 3 P.M. May 26, 1930 that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage from umbilical cord. Father had tied cord before I arrived & was not tight enough.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Ill 1/60 (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?

5/26, 1930 (Signed) Grace R. Gray D.O. M.D
(Address) Kahoka 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
Frazee Cemetery	5-27 1930
20. UNDERTAKER	**ADDRESS**
H. F. Kircher	Wayland

N. B.—Every item of information should be carefully supplied. Age should be given in years, months and days. Place should be given in full. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.