

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

Do not use this space.

18427

1. PLACE OF DEATH

County Washington
Township Leicester
City Potosi Mo., (No. _____)

Registration District No. 887
Primary Registration District No. 6179

File No. _____
Registered No. 38
St. _____ Ward)

2. FULL NAME

Eda Parmley

(a) Residence. No. _____ St., _____ Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-4-1872

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>6</u>	<u>5</u>	

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) Potosi
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jim Mc Clair

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oldmine
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Martha Regond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oldmine
(STATE OR COUNTRY) Mo.

14. INFORMANT James Parmley
(Address) Potosi Mo. R.I.

15. FILED 5/9 1930 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/9 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1929, to 5-9, 1930 that I last saw her alive on 2-8, 1930, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of intestines

462
CONTRIBUTORY (SECONDARY) 45
(duration) _____ yrs. _____ mos. _____ ds.

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

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos. L. Thurman, M. D.
5/9 1930 (Address) Potosi, 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 Potosi Mo DATE OF BURIAL 5/10 1930

20. UNDERTAKER Jos Boyer Law ADDRESS Potosi 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.

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STATE OF MISSOURI; WITH CHANGING INK—THIS IS A PERMANENT RECORD

