AUG 20 1930

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

Do not use this space.

21863

1. PLACE OF DEATH
County: Barton
Township: Central
City: (No. ... St. ... Ward)
Registration District No.: 44
Primary Registration District No.: 5066
File No.:
Registered No.: 5

2. FULL NAME: Elizabeth B. Parker
(a) Residence. No. ... St., ... 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29 - 1864

7. AGE: Years 65 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Joseph Bratton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.
12. MAIDEN NAME OF MOTHER: Martha Moody
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Will Parker
(Address): Lamar - Mo R.F.D.

15. FILED 7-6, 1930 G. E. Locker M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July - 6 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 29, 19..., to July - 5, 1930 that I last saw her alive on June - 29 - 1930, and that death occurred, on the date stated above, at 5:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ileo Colitis
120 B
114 C
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Popplewell, M. D
7-6-, 1930 (Address) Lamar, 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: Edwardsville - Ill.
DATE OF BURIAL: July 1930

20. UNDERTAKER: E. W. Cross
ADDRESS: Lamar - 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.