1930

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

Do not use this space.

27827

1. PLACE OF DEATH
County St. Louis
Township Central
City Overland (No. ..... St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033B

File No. .....
Registered No. 239

2. FULL NAME Charles Wallace Parshall

(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 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Mary Parshall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4-1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89	2	11	

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

9. BIRTHPLACE (CITY OR TOWN) New york
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Chas. Parshall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New york
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Younkin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New york
(STATE OR COUNTRY)

14. INFORMANT O. L. Smith
(Address) Overland Mo

15. FILED 8/16, 1930 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1930, to Aug 15, 1930 that I last saw h. ..... alive on Aug 14, 1930 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Lesion
95B
(duration) 10 yrs. — mos. — ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 90
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. L. Finley, M.D.
8-15, 1930 (Address) 9209 E. Milton

*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 Fee Fee Cem.
DATE OF BURIAL 8/18 1930

20. UNDERTAKER Baumann Bros
ADDRESS Overland

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.