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

Do not use this space.

29861 = 3666

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Simpson-Major Sanitarium St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Howard Freemont Parke

(a) Residence. No. 323 West Armour Blvd. 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie W. Morrell Parke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cambridge
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Joseph Parke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Florence
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Elizabeth Wharton House

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Culpepper Court
(STATE OR COUNTRY) Virginia

14. INFORMANT H. E. Parke
(Address) 323 West Armour

15. FILED 9-6, 1930 M M Crowe ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1930, to Sept 3rd 1930 that I last saw him alive on Sept 2nd 1930, and that death occurred, on the date stated above, at 4:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy (cerebral hemorrhage)

82A

97 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Dont Know

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Herman S. Mayer, M. D.

Sept 3, 1930 (Address) 3100 Euclid Ave Kansas City 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~~ Forest Hill In Pantheon — DATE OF BURIAL 9-6-1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.