

NOV 3 1930

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

Do not use this space.

32064

1. PLACE OF DEATH

County Bates
Township Mingo
City (No.) St. Ward)

Registration District No. 267
Primary Registration District No. 5090

File No. 3
Registered No. 3

2. FULL NAME

Matilda Caroline 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1959

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5

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

9. BIRTHPLACE (CITY OR TOWN) Osceola
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Willis Pennington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Moss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Will Parker
(Address) Clairstown Mo.

15. FILED Oct 30 1930 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 10-11-1930 to 10-17-1930, 1930
that I last saw her alive on Oct 17, 1930, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
796

CONTRIBUTORY (SECONDARY) [Signature]
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at place of death
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) C.H. Smith, M. D.
, 19 (Address) Wichita 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 Mullen Cemetery DATE OF BURIAL 10-19 1930

20. UNDERTAKER Herry Smith ADDRESS Wichita

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.

