

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

Do not use this space.

PLACE OF DEATH
County Buchanan
Township
City St. Joseph

85
Registration District No. 1001
Primary Registration District No. Missouri Methodist Hospital

194
File No. 8
Registered No. _____
St. _____ Ward)

2. FULL NAME John W. Parker
Halls Station, Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1908
7. AGE YEARS 22 MONTHS 5 DAYS 11 IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Halls Station
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo. W. Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Forbes
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Rosa S. Walker
Halls Station
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT George W. Parker
(Address) Halls Station Mo.

15. FILED JAN 5 1931 John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3, 1931
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide by Fire arms at Lake and Virginia
sp. By Police
193 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 173
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. W. Tallock Coroner D. 1/3 1931 (Address) 821 Francis

*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 Curlin Cem. Halls Sta. Mo. DATE OF BURIAL Jan 5, 1931

20. UNDERTAKER Fred W. Clark ADDRESS 5025 King Hill Av.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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