

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

Do not use this space.

1. PLACE OF DEATH

County...
Township...
City... (No.)

*Butler
Paplar Bluff*

Registration District No. *89*

Primary Registration District No. *5131*

File No. *346*

Registered No. *9*

St.

Ward

2. FULL NAME

Eva Lena Parkin

(a) Residence, No. *Paplar Bluff No. R 70 + 1 B 120*

(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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 3-1915

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

15

6

5

8. OCCUPATION OF DECEASED

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

Student

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Paplar Bluff Mo

10. NAME OF FATHER

Wallace Parkin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

12. MAIDEN NAME OF MOTHER

Bertha Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

Wallace Parkin

(Address)

Paplar Bluff Mo R 1 B 120

15.

FILED

Jan 13 1931

B. H. Cline

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 10 1931

17.

HEREBY CERTIFY, That I attended deceased from *Jan 10*, 1931, to *Jan 10*, 1931, that I last saw her alive on *Jan 10*, 1931, and that death occurred, on the date stated above, at *4:30 P. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Acute Cardiac Dilatation
Pneumatic Endocarditis*

CONTRIBUTORY (SECONDARY)

Lobar Pneumonia

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no*. DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. H. Howell M. D.

1/13/1931 (Address)

Paplar Bluff Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washburn Hill Cemetery

Jan 12 1931

20. UNDERTAKER

ADDRESS

Dr. P. Phelps Paplar Bluff Mo

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

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.

12
FEB 10 1931

MARGIN RESERVED FOR BINDING

V. 300. 2.

