

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

Do not use this space.

2210

71  
FEB 20 1931

**PLACE OF DEATH**

County Morgan  
Township Haukeville  
City (No. \_\_\_\_\_)

Registration District No. 919  
Primary Registration District No. 5793 a.

File No. \_\_\_\_\_  
Registered No. 92  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jean Elster Parks

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. C. Parks</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 3<sup>rd</sup> 1857</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>3</u>	<u>7</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(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) Morgan Co Mo /

PARENTS	10. NAME OF FATHER <u>Robert Hughes</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Malisia Anthony</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>

14. INFORMANT Bob Murranger  
(Address) Little Rock Ark.

15. FILED July 10<sup>th</sup> 1931 Wm. L. Ruppenger  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 10, 1931  
that I last saw her alive on Jan 9, 1931, and that death occurred, on the date stated above, at Jan 10 1931

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
11A Influenza  
128

(duration) yrs. mos. ds. 7

CONTRIBUTORY (SECONDARY) Latent Pneumonia  
(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS Serum tests  
(Signed) S. H. Newton M. D.  
Jan 9 1931 (Address) versailles 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 Pilot Grove Cemetery DATE OF BURIAL Jan 11 1931

20. UNDERTAKER Wm. L. Ruppenger ADDRESS Storey, Mo.  
CR Rapp

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.

