

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

Do not use this space.

8745

1. PLACE OF DEATH

County Bollinger
Township Lamar
City Marble Hill (No.)

Registration District No. 67
Primary Registration District No. 4039

File No.
Registered No. 5
St. Ward)

FULL NAME Ben William Addison Parvaul

(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 7-9-10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bollinger
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J. C. Parvaul

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

12. MAIDEN NAME OF MOTHER Agner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. W. A. Parvaul
(Address) Marble Hill Mo

15. FILED 3-16-31 G. B. Sander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1931 to March 16, 1931
(that I last saw him alive on and that death occurred, on the date stated above, at 12-13 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes
59
(duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 5
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF ①
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. B. Sander M. D.
, 19 (Address) Marble Hill, 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 Glennallen DATE OF BURIAL Mar 17 1931

20. UNDERTAKER A. J. Baker ADDRESS Indersville

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