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

Do not use this space.

9209

File No. .....

Registered No. 34

1. PLACE OF DEATH
County Clay
Township Liberty
City Liberty (No. ..... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 3012

2. FULL NAME James H. Parrants

(a) Residence No. S. Mo. 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 Deb a A. Parrants

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 - 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio Salesman
10. Date deceased last worked at this occupation (month and year) 3 20
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo

FATHER

13. NAME Byron Parrants
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

MOTHER

15. MAIDEN NAME Elizabeth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT (ADDRESS) J. Eugene Parrants Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL Farmer
PLACE Liberty Mo DATE 4/1/31

19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty Mo

20. FILED 4/10/31, 19 [illegible] H Goodson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 - 1931

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to March 30, 1931
I last saw him alive on March 29, 1931. Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	3/29
118 C	
98 B	
Other contributory causes of importance: Acute Indigestion	3/29

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F H McMahons, M. D.
(Address) Liberty Mo

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1931