

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

File No.

Registered No.

St.

Ward.....

2. FULL NAME

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 5 - 1850

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. min.

81

1

8. OCCUPATION OF DECEASED

(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)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Wm H Parsons

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Margaret Oregon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT (Address)

*Jr. A. Maxie
Bismarck Mo*

15.

FILED

TO

OF

FILED

TO

OF

FILED

TO

OF

FILED

TO

OF

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 5 1931

17.

I HEREBY CERTIFY That I attended deceased from

Feb 12 1931, to *Mar 5 1931*

that I last saw him alive on *Mar 1 1931*, and that death occurred, on the date stated above, at *4 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertension nephritis

CONTRIBUTORY (SECONDARY)

Apoplexy

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Edw. Fogle, M. D.
19 (Address) *Elliptical 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

DATE OF BURIAL

Union Cemetery

Mar 7 1931

20. UNDERTAKER

Gulliver

ADDRESS

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 OBTAINING INFORMATION THIS IS A PERMANENT RECORD

APR 21 1931

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Coppe Registration District No. 223
Township Clear Creek Primary Registration District No. 5304
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 11

2. FULL NAME

(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>-</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Wm H. Parsons</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Margaret D. Pegg</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>A. A. Dore</u> (ADDRESS) <u>Beaumont Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19 _____		
19. UNDERTAKER (ADDRESS) _____		
20. FILED <u>5-7</u> , 19 <u>31</u> <u>Ewing Hunt</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 - 1931 to Mar 5 - 1931
I last saw him alive on Mar 1, 1931 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Hypertension & Nephritis
Other contributory causes of importance: apoplexy
Date of onset unk
132
3 days

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? _____
If so, specify _____
(Signed) Robt L. Toole, M. D.
(Address) OTterville Mo

WRITE PHONES, WITH GRADING INFORMATION, IN THIS SPACE. A SEPARATE RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

NOTE - 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.

5-9293