

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

Do not use this space.

Dr. Wilbur Small

File No. **9504**

Registered No. **192**
St. _____ Ward _____

1. PLACE OF DEATH
 39 County *Greene* Registration District No. *318*
 Township _____ Primary Registration District No. *20th*
 3 City *Springfield Mo. Spfd. Baptist Hospital*
 5 2. FULL NAME *Engene Parsons*
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) *Dykes, Mo.* (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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 10 - 1930*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
 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) *no data*

MOTHER FATHER 13. NAME *L. E. Parsons*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *no data*

15. MAIDEN NAME *no data*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *no data*

17. INFORMANT (ADDRESS) *L. E. Parsons Dykes, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dykes, Mo.* DATE *March 10 - 1931*

19. UNDERTAKER (ADDRESS) *Springfield Home*

20. FILED *3-10-31* 19 *H. G. For* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10 - 1931*
 22. I HEREBY CERTIFY, That I attended deceased from *March 6*, 19*31*, to *March 10*, 19*31*
 I last saw him/her alive on *March 9*, 19*31* Death is said to have occurred on the date stated above, at *5 A. m.*
 The principal cause of death and related causes of importance were as follows:

Branch Communions
 157B / 107A / 157B
 Date of onset *March 6*

Other contributory causes of importance:
Shingles - (knew from birth)
no club feet or other deformations

Name of operation *Amputation* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* 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 *(1)*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *congenital*
 (Signed) *Wilbur Small*, M. D.
 (Address) *Springfield, Mo.*

MARGIN RESERVED FOR BINDING

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.

APR 28 1931

2
194