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

Do not use this space.

APR 24 1931

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.

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No. 10732

1 Township X — Primary Registration District No. 3029 — Registered No. 94

8 City Hannibal (No. , Levering Hospital St. 6th Ward)

2. FULL NAME Theron Barton Parks

(a) Residence. No. 1101 Center St., 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	5	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fire Chief 181
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of Hannibal

9. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri 1

PARENTS
10. NAME OF FATHER Theron Barton Parks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 2
(STATE OR COUNTRY) Connecticut
12. MAIDEN NAME OF MOTHER Nancy Jane Jewell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown 31

14. INFORMANT Frances Parks (Daughter)
(Address) 1101 Center, Hannibal, Mo.

15. FILED 4/1, 1931 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1931

17. I HEREBY CERTIFY, That I attended deceased from February 18, 1931, to March 31, 1931 that I last saw him alive on March 31, 1931, and that death occurred, on the date stated above, at 10:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97

Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH In Hannibal
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Signs
(Signed) M. S. Ross, M. D.
3/31/, 1931 (Address) Hannibal, 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: Mt. Olivet, Hannibal, Mo. — DATE OF BURIAL: April 2 1931

20. UNDERTAKER: Wm M Smith — ADDRESS 902 Broadway Hannibal, Mo.