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.

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

Do not use this space.

12526

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2202 Papen St. ..... St. ..... Ward)

File No. ..... Registered No. 3842

2. FULL NAME Amos Parks

(a) Residence. No. 2202 Papen St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 25 1895

7. AGE: YEARS 35 | MONTHS 4 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 95
(b) General nature of industry, business, or establishment in which employed (or employer): Hod-Carrier
(c) Name of employer: unknown

9. BIRTHPLACE (CITY OR TOWN): Starkville
(STATE OR COUNTRY): Mississippi

PARENTS

10. NAME OF FATHER: Frank Parks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Rosetta Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

14. INFORMANT: Clark Parks
(Address) 2202 Papen Street

15. FILED 28 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from November, 1930, to March 23, 1931 that I last saw him alive on March 16, 1931, and that death occurred, on the date stated above, at 5 1 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Myocarditis Chronic
(2) Coronary sclerosis
93C
94D unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Extra systoles
unknown (duration) ..... yrs. ..... mos. ..... ds.

93C

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (1)

(Signed) John J. Hammond M. D.

, 19 (Address) Wall Bldg

*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: Starksville Miss
DATE OF BURIAL: 3/30 1931

20. UNDERTAKER: People's Undertaking
ADDRESS: 3104 Franklin