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

Do not use this space.

15104

File No.
Registered No. Orange

1. PLACE OF DEATH
County Nodaway
Township Washington
City (No. , St. Ward)
Registration District No. 623
Primary Registration District No. 5823

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2. FULL NAME James K. Parrish
(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.

JUN 27 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF ~~(OR) WIFE OF~~ Margaret Parrish deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1846

7. AGE: Years 84 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Farmer
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) 1902
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER
13. NAME Benjamin Parrish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

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

17. INFORMANT (ADDRESS) W. B. Parrish Stanberry Mo. R.2

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St Joseph DATE 5-12-31

19. UNDERTAKER (ADDRESS) Ralph A. Phillips Stanberry Mo

20. FILED 5/1/31 Registrar. M. McClanahan

6-9-31 C. P. Pryor M.E.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1931 to Apr 30, 1931
I last saw him alive on Apr 27 1931. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Interstitial Nephritis | |
| 131 | |

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Other contributory causes of importance:

Name of operation 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? 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) S. E. Simpson M. D.
(Address) Stanberry Mo

Dr. S.E. Simpson.