

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

Do not use this space.
22573

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

File No. _____

Registered No. 88

Near City Farmington, Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME Joseph Winford Parmer

(a) Residence, No. Black, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 . 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Annapolis, Mo.

13. NAME Joe C. Parmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis, Mo.

15. MAIDEN NAME Ellen Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis, Mo.

17. INFORMANT Hospital records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shower, Mo. DATE 6/25/19

19. UNDERTAKER (ADDRESS) White, Farmington, Mo.

20. FILED 6/24/31 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1929, to 6-23, 1931.

I last saw him alive on 6-23, 1931. Death is said

to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

General Paralysis of the Brain
83
83

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Shower + Lab. 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) P. S. Zan, M. D.

(Address) Hosp. #4 Farmington, Mo.

Information should be carefully supplied and be stated in plain terms, so that it may be properly classified. Exact statement of occupation should be stated in plain terms, so that it may be properly classified.

JUL 28 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 St. Francois Registration District No. 773 File No. _____
Township 1 N 2 E Primary Registration District No. 6018 Registered No. 58
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph Winford Garner
(a) Residence, No. _____ St. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED Aug 2 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw him alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

Y. J. Robinson
Registrar

N.B.—Every item of information should be carefully supplied. All deaths should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-22593