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

Do not use this space.

31841

File No.
Registered No.

1. PLACE OF DEATH
County: Madison
Township:
City: Mine La Motte (No. , St. Ward)
Registration District No.: 398
Primary Registration District No.: 6 2 30

2. FULL NAME: Mary Louise Parson

(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.

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.

OCT 24 1931

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 27 – 1927

7. AGE: Years: 4 Months: 3 Days: 15 If LESS than 1 day, hrs. or min.

OCCUPATION
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): Mo

FATHER
13. NAME: Virgil Parsons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Emerude Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Helen Wolfe

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sutter Cemetery DATE: 9-11, 1931

19. UNDERTAKER (ADDRESS): Nbrs

20. Filed: 30, 1931 A. U. Dent Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-10, 1931

22. I HEREBY CERTIFY That I attended deceased from March 1, 1931, to July 1, 1931, I last saw her alive on June 10, 1931. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal indigestion | |
| 1208 | |
| 216 | |

Other contributory causes of importance:
Possibly tuberculosis of lungs Gone

Name of operation: None 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? No
If so, specify
(Signed) H. Harry Parson M. D.
(Address) Fredericktown Mo.