

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

Do not use this space.

37182

**1. PLACE OF DEATH.**

County Clinton

Registration District No. 206

Township Lathrop

Primary Registration District No. 124

City Lathrop (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Hallie Lipton Parks

(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.

**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 Resula E. Parks (WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22-1895

7. AGE YEARS 36 MONTHS 2 DAYS 11 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal

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) Lathrop Mo.

FATHER 13. NAME Daniel E. Parks

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

MOTHER 15. MAIDEN NAME Ola B. Lipton

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

17. INFORMANT James E. Parks (ADDRESS) Lathrop Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop DATE 11-5 1931

19. UNDERTAKER Lee Mass Grunk (ADDRESS) Lathrop Mo.

20. FILED 11-5-1931 J. T. Brunser Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-3-1931 to 11-3-1931, 1931

I last saw him alive on 11-3-1931. Death is said to have occurred on the date stated above, at 10:20 P.M.

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

Cerebral Embolism  
(sudden death)

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 cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

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) E. B. Dunsen, M. D.

(Address) Lathrop Mo.

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.

DEC 21 1931

WHILE PENDING, WITH ON-PENDING TINK—THIS IS A PERMANENT RECORD

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