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.

MAY 26 1932

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

Do not use this space.

13278

1. PLACE OF DEATH

67 County Mississippi — Registration District No. 566 — File No.

Township Tawapatti — Primary Registration District No. 5762 — Registered No. 21

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Dorothy Parnell

(a) Residence. No. RFD #2 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Colored

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) Jan. 1, 1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston, 2
(STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER Jim Parnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Willie McAfee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston 2
(STATE OR COUNTRY) Mississippi

14. INFORMANT Willie Parnell
(Address) Charleston Mo. RFD 2 Box 58

15. Filed April 11th 1932 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2 7 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Feby 6th, 1932 to April 10th, 1932 that I last saw her alive on Feby 6th, 1932 and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

11A

101A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ..... yrs. ..... mos. ..... ds.

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? Family History

(Signed) Frank S Vernon, M. D.

, 19 (Address) Charleston Mo

*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: Oak Grove — DATE OF BURIAL: 4-11 1932

20. UNDERTAKER: Lair Und Co. F S Lair Jr — ADDRESS: Charleston