

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

Do not use this space.

16206

**1. PLACE OF DEATH**

County Jackson  
Township Lava  
City Kansas

Registration District No. 393

Primary Registration District No. 1002

File No. 1999  
Registered No. 1999  
(No. 1704 Virginia Ave, Hospital 11B2 Ward)

**2. FULL NAME**

(a) Residence, No. 1704 Virginia St. Ward. 4

(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 negro 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 18 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 237

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

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) Sedalia Mo

13. NAME Wade Parker

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

15. MAIDEN NAME Eliza Spivey

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

17. INFORMANT (ADDRESS) Martha Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE May 18 1932

19. UNDERTAKER (ADDRESS) Doyle Bros

20. FILED 5/17 1932 M. M. Crook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Reput to Reput 1932  
I last saw h. alive on 1932 Death in said to have occurred on the date stated above, at Reput m.

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

Homicide - Knife  
174 174  
Other contributory causes of importance: 80

Name of operation Inspection Date of Inspection  
What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Homicide Date of injury 5/15 1932  
Where did injury occur? 1710 Va - Reput Mo  
(Specify city, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury most acct  
Nature of injury most acct

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no

(Signed) W. L. Crook M. D.

(Address) Reput

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.

