

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.

97
5
7
JULY 57

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

Do not use this space.

18345

PLACE OF DEATH

County Saline
Township
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 16
St. Ward

2. FULL NAME

Patricia Ann Parks

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7, 1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
	DAYS <u>6 days</u>	
	IF LESS THAN 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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) <u>Marshall Mo.</u>		
MOTHER	13. NAME <u>Nolen Parks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co. Mo.</u>	
	15. MAIDEN NAME <u>Pearl Preston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nevada Mo.</u>	
FATHER	17. INFORMANT (ADDRESS) <u>Nolen Parks Marshall, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park Cem. DATE <u>May 14 1932</u></u>	
19. UNDERTAKER (ADDRESS) <u>Vandiver Mortuary Marshall Mo.</u>		
20. FILED <u>6-4-</u> 19 <u>32</u> <u>A. C. Putnam Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 13, 1932

I last saw him alive on May 13, 1932 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:
Famille with high temperature Date of onset May 10

161B 70B 161B

Other contributory causes of importance: Hypertension

Paternal (Hereditary)

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) Geo. B. Hardin M. D.
(Address) Marshall Mo.

