

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.

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

Do not use this space.
22884

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Haw Primary Registration District No. 1002
 City K.C. (No. 820 E. 9th St.) St. _____ Ward _____

File No. _____
 Registered No. 2700

2. FULL NAME

Lulu Parrish
 (a) Residence, No. 820 E. 9th St., 2 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Aug 18 - 1861</u>		
7. AGE <u>70</u>	YEARS <u>10</u>	MONTHS <u>28</u>
		DAYS <u>28</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>at home</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) Evansville Ind. Ind.

FATHER 13. NAME B. J. Parrish

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C.

MOTHER 15. MAIDEN NAME Parrish

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind.

17. INFORMANT (ADDRESS) Mr Oscar Pierce 820 E. 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cant. Court Pl. Ark. 17 DATE 1932

19. UNDERTAKER (ADDRESS) D. W. Newcomb, 111 E. 9th St., K.C.

20. FILED July 17, 1932 M. M. Crover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1932

22. I HEREBY CERTIFY That I attended deceased from March 1932, to July 15, 1932.
 I last saw her alive on July 15, 1932. Death is said to have occurred on the date stated above, at 8:15 P.M.

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

multiple cerebral
arterio-sclerosis
97
 Other contributory causes of importance:
Arterio-sclerosis
 Date of onset June 27/32
4 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chol. 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) John Oplwis, M. D.
 (Address) 1002 Argyle

Dr. Gorman C. Malone
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