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.

29492

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1001 — Registered No. 3666

City Kansas City (No. 315 East 48th Street St. Ward)

2. FULL NAME Eugene Parks

(a) Residence, No. 315 East 48th Street St., 7 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 16, 1917

7. AGE: YEARS 15 — MONTHS 0 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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): Kansas City Missouri 1

FATHER

13. NAME: Neal A. Parks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montana 2

MOTHER

15. MAIDEN NAME: Ruth Cunningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

17. INFORMANT (ADDRESS): Neal A. Parks 315 E 48th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mariah Cemetery DATE Oct 1 1932

19. UNDERTAKER (ADDRESS): Stine + McClure 3235 Gillham Plaza

20. FILED 9/29 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21st, 1932, to Sept 28th, 1932

I last saw him alive on Sept 28th, 1932. Death is said to have occurred on the date stated above, at 11P. m.

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

Pneumonia, Broncho — Date of onset 5 Days

10 P.

10 A

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 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? No

If so, specify .....

(Signed) L B Sawyer, M. D.

(Address) 2202 Bryant Bldg Kansas City Mo

VI-92