

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

Do not use this space.

29581

1. PLACE OF DEATH

49 County Jasper
7 Township Jasper
5 City Jasper (No. 822)

Registration District No. 4
Primary Registration District No. 2

File No. 2
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Jasper Mo
(STATE OR COUNTRY)

FATHER 13. NAME John Parrish

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

MOTHER 15. MAIDEN NAME Flouise Truel

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

17. INFORMANT Flouise Parrish
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE 9/27/32

19. UNDERTAKER Funeral Home
(ADDRESS)

20. FILED 9/27 1932 Stenson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25-32

22. I HEREBY CERTIFY, That I attended deceased from Sept 13-32 to 9-25-32

I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

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

Malnutrition
VOA 158
Other contributory causes of importance: (1)

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) R. M. James, M. D.

(Address) Jasper Mo

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.

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1932

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