

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

Do not use this space.

**1. PLACE OF BIRTH**

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. State Hosp # 2)

File No. 31489

Registered No. 990

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** W. A. Parsley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_

(Usual place of abode)

Ward. Kansas City, Mo

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1853

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

79 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate & Insurance

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

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) Mo. Unknown

13. NAME Donald Parsley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Reeds State Hospital (ADDRESS) St Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE 10-10 1932

19. UNDERTAKER W. W. W. W. (ADDRESS) Brookfield Mo

20. FILED 10-10 1932 John K. Bonding Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1932

I HEREBY CERTIFY, That I attended deceased from May 14 1931, to Oct 10 1932

I last saw him alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 11:55 a m.

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

Broncho Pneumonia Sept 20/32  
107A  
162 107A  
Other contributory causes of importance: Senile Dementia May 13/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Dr. Defton Smith, M. D.

(Address) State Hosp # 2  
St Joseph Mo

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.

NOV 21 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2

