

WRITE PLAIN! 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.

4313

**1. PLACE OF DEATH**

County Leadswell  
Township Rockford  
City Rockford (No.           )

Registration District No. 99  
Primary Registration District No. 5147

File No.             
Registered No. 3  
St.            Ward           

**2. FULL NAME**

Louisa P. Parran

(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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 23, 1843</u>		
7. AGE	YEARS <u>85 (89)</u>	MONTHS <u>3</u>
	DAYS <u>26</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>Home</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year)	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19<sup>th</sup> 1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 4<sup>th</sup> 1933 to Feb. 18<sup>th</sup> 1933

I last saw her alive on Feb. 15<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
1061 907

Other contributory causes of importance:  
Branchio cleft.

Name of operation none Date of           

What test confirmed diagnosis? Cerebral 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) E. J. House, M. D.  
(Address) Lawson, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	13. NAME <u>Wm Keeling</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>Jesse O Parran</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Church</u> DATE <u>Feb 20</u> 19 <u>33</u>
	19. UNDERTAKER (ADDRESS) <u>Dr. Wm S. Crain</u>
	20. FILED <u>Mar 9</u> 19 <u>33</u> <u>108 Mount</u> Registrar.

Leah Merritt