

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

Do not use this space.

5628

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township 1st Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 1007, Newton) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 579  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Otho Edwin Parker  
(a) Residence, No. 1007 Newton 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 7 19

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Machinist

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

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) Kans

13. NAME Airam H Parker

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

15. MAIDEN NAME Sarah E York

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

17. INFORMANT (ADDRESS) Mrs Natie Parker  
1007 Newton

18. BURIAL, CREMATION, OR REMOVAL PLACE Havenworth, Kans DATE Feb 6, 1933

19. UNDERTAKER (ADDRESS) Rose Henderson

20. FILED 2/4 1933 M. M. Browne Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933, to Feb 4, 1933, 1933

I last saw him alive on Feb 4-33, 1933. Death is said to have occurred on the date stated above, at 2:30 m.

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

Cerebral Hemorrhage

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertension

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

What test confirmed diagnosis? Analysis 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 \_\_\_\_\_, 1933

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) A. B. [Signature], M. D.  
(Address) 930 Newton

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.

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*Malvern*