

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MarionRegistration District No. 541Township MarionPrimary Registration District No. 309City Hannibal (No. 102)DoulingFile No. 6491Registered No. 73St. 6 Ward

## 2. FULL NAME

(a) Residence, No. 102 Douling St. 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Edward W. William

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

Jan. 18 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

6115

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

House Wife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monroe Co Mo.

FATHER MOTHER

13. NAME

Robert F. Parsons

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

Kentucky

15. MAIDEN NAME

Mary Winstett

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

Mo.

17. INFORMANT (ADDRESS)

Mr. Edward W. William  
102 Douling

18. BURIAL, CREMATION, OR REMOVAL

Interment

PLACE

Indian Creek

DATE

2-25-1933

19. UNDERTAKER (ADDRESS)

J. J. O'Donnell  
Hannibal Mo.

20. FILED

33 C. Clausen

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 193322. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1933 to Feb 24, 1933.I last saw him alive on Feb 23, 1933 Death is saidto have occurred on the date stated above, at 10:20 a.m.

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

Date of onset

Concussion of brain  
465 2-6-33

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injuryWhere did injury occur? no (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) R. H. Pearson, M. D.(Address) Hannibal Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 1933

