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.

Vernon

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

Do not use this space. 10358

67 1. PLACE OF DEATH
County Miss.
Township Y-y-Happity
3 City Charleston, Mo (No. ..... , ... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 3030

File No. .....
Registered No. 38

4 2. FULL NAME Willie Parks

(a) Residence, No. Charleston Mo 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 Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1914

7. AGE Years About 19 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm laborer
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 .....

232

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

FATHER
13. NAME Unknown
2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
31
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

31

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Mar. 26, 1933

19. UNDERTAKER (ADDRESS) Charleston Und. Co Charleston, Mo.

20. FILED 3-26-, 1933 J. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 8:30 P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 26th, 1933 to Mar 25th, 1933
I last saw him alive on Mar 20th, 1933 Death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 3-18-33
11A
108 11A

Other contributory causes of importance:
Influenza

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) Frank S Vernon, M. D.
(Address) Charleston Mo.