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.

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

Do not use this space.

13215

1. PLACE OF DEATH

County Jackson — Registration District No. 300 — File No. 1539

Township Kaw — Primary Registration District No. 1000 — Registered No.

City Kansas City (No. Memorial Hospital St. Ward)

2. FULL NAME Mrs Cyrena Dolly Parker

(a) Residence, No. Newbern Hotel St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1847

7. AGE: YEARS 85 — MONTHS 9 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Littleton New Hampshire

FATHER

13. NAME Nelson Giles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

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

17. INFORMANT (ADDRESS) Mrs Dean R. Giles Newbern Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Kas DATE April 4 1933

19. UNDERTAKER (ADDRESS) Eylar Funeral Home 1800 Linwood

20. FILED Apr 3 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH Sat

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 11th, 1933, to April 1st, 1933
I last saw her alive on April 1, 1933 Death is said to have occurred on the date stated above, at 10:29 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Chronic myocarditis	
93C	
97	

Other contributory causes of importance: 93C

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) Abraham Sophean, M. D.
(Address) 702 Argyle

Plans
Li 8118

Dr. Abraham Sophian

Argyle Bldg

1402