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

Do not use this space.

18757

File No.
Registered No.

1. PLACE OF DEATH
County North Allen
Township Allen
City (No. , St. Ward)
Registration District No. 905
Primary Registration District No. 6216

2. FULL NAME Peter H Parman

(a) Residence. No. 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.

JUN 24 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE W | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary E Peck Parman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1855-4-26

7. AGE | YEARS 78 | MONTHS — | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Country Co. Mo.
(STATE OR COUNTRY) Peter Parman

PARENTS

10. NAME OF FATHER Giles Parman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Rebecca Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT Laura Brown
(Address) Callendale Mo

15. FILED June 10 1933 Mrs Maye Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1933

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to May 22, 1933, that I last saw h.. alive on May 20, 1933, and that death occurred, on the date stated above, at .... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate Gland
61 16
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 51 C
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? V
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Superpubic Cystotomy 1932
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Typical Findings
(Signed) B J Ross, M. D
, 19 (Address) Grandview Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miller Cemetery | DATE OF BURIAL May 23 33
20. UNDERTAKER Bram Bros | ADDRESS Denver

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN FOR BINDING

Dr Ross