

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

Do not use this space.

20080

1. PLACE OF DEATH

49 County Jasper Registration District No. 409
 Township Queneweg Primary Registration District No. 4242
 City Queneweg (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 19
 St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margie Park
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1862
 7. AGE YEARS 71 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Springfield Missouri

MOTHER FATHER 13. NAME John Park

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

15. MAIDEN NAME Clara Martin

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

17. INFORMANT Mrs. Gertrude Scott (ADDRESS) Queneweg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE 6/10 1933

19. UNDERTAKER (ADDRESS) City Und. Co.

20. FILED 6/10/33 19 W. G. Adair Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1933
 22. I HEREBY CERTIFY, that deceased deceased from 6/6/33 1933 to 6/8/33 1933
 I last saw him alive on 6/8/33, 1933. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and other causes of importance were as follows:

Coronary thrombosis
9415
 Date of onset about 2 yrs

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury 6, 1933
 Where 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 no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify W. G. Adair
 (Signed) _____ M. D.
 (Address) Queneweg, Mo.

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.

JUN 22 1933

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