

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

Do not use this space.

1. PLACE OF DEATH

County Osage Registration District No. 690
 Township Harford Primary Registration District No. 5918
 City Harford (No.) St. Ward

File No. 20718
 Registered No.

2. FULL NAME

William Parish
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minerva Parish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1879</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>10</u>	DAYS <u>1</u> If LESS than day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1933</u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Mo</u>		
FATHER	13. NAME <u>Samuel Parish</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Martha Morgan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Middletown Mo</u>	
17. INFORMANT (ADDRESS) <u>Marnera Parish Middletown Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Middletown Mo</u> DATE <u>6-12-1933</u>		
19. UNDERTAKER (ADDRESS) <u>James D. Wells Middletown Mo</u>		
20. FILED <u>June 12, 1933</u> <u>S. Clyde Craig</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1933

22. I HEREBY CERTIFY That I attended deceased from June 9th, 1933 to June 11, 1933
 Last saw him alive on June 10, 1933 Death is said to have occurred on the date stated above, at 11e a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
 Date of onset

Other contributory causes of importance: 131 131

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) E. Heiser, M. D.
 (Address) Middletown 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.

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