

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

Do not use this space.

22966

1. PLACE OF DEATH

County 24th
Township Forbes
City Forbes (No. _____ St. _____ Ward _____)

Registration District No. 374
Primary Registration District No. 5521

File No. 151
Registered No. 151

2. FULL NAME

Mary Catherine Parker

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, Widower or Divorced HUSBAND OF (OR) WIFE OF Charles Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 7, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>85</u>	<u>5</u>	<u>14</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Atchinson County Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Watts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Susan Cotton
(Address)

15. FILED Aug 10 1933 Clarence J. Harper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1933

17. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to July 15 1933
Jan. 14, 1933, 19____, to _____, 19____
that I last saw him alive on July 15 1933, and that death occurred, on the date stated above, at 5:00 P m.

* THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteri- Sclerosis,
1946 (duration) yrs. mos. ds.
1946
CONTRIBUTORY Intra capsular fracture
(SECONDARY) of febur
(duration) yrs. 7 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) S. E. Bullock M. D.

7-22-33 (Address) Forbes City 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 Forbes Mo DATE OF BURIAL July 23 1933

20. UNDERTAKER Lester Pettich ADDRESS Forbes 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.

AUG 20 1933

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