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

Do not use this space.

23261

File No. 23261
Registered No. 2967

1. PLACE OF DEATH

County Jackson — Registration District No. 1643
Township Kaw — Primary Registration District No. General Hospital
City Kansas City (No. ..., ... St. ..... Ward)

2. FULL NAME Dell Thomas Parker

(a) Residence, No. 608 Beacon 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 210
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

FATHER

13. NAME Isacc Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Addie Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Arlie Parker
(ADDRESS) 614 Beacon

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 7-20 1933

19. UNDERTAKER C.H.Blackman & Son
(ADDRESS) 2825 Indep. Blvd.

20. FILED July 20, 1933 M. M. Lorraine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dignity Home, 19..., to ....., 19....
I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile traumatism	
Crushing injury of the chest	
Hemopericardium	

Other contributory causes of importance:

Passenger

Name of operation Tracheotomy Date of 7/18/33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/9, 19 33
Where did injury occur? Chop Suey Van Brunt / Cerro
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Automobile Struck Pedestrian
Nature of injury Pedi

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C.A. Roth, M. D.
(Address) Cerro

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