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

Do not use this space.

25529

File No. 37

Registered No.

1. PLACE OF DEATH

County Andrew, Registration District No. 13

Township Jefferson Primary Registration District No. 5-017

City Avenue City, (No. Avenue City, Missouri, St. Ward)

2. FULL NAME Betty Elizabeth Parker,

(a) Residence, No. Ave. City, Mo, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Thomas K. Parker,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1850,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

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) Clinton County, Missouri,

FATHER

13. NAME William Cox,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER

15. MAIDEN NAME Catherine Parker,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT C. M. Cox
(ADDRESS) Avenue City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Prairie Cem DATE Aug. 15th, 1933

19. UNDERTAKER Sheldon-Bell-Hoff & Bowman
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED Aug 15 1933 O. Jefferis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1933, to Aug. 13, 1933

I last saw h. alive on Aug 12, 1933. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Aug. 11-33

Other contributory causes of importance:
Hypertension.
Chronic nephritis
Arterio sclerosis.

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) H. S. Samuel, M. D.

(Address) St Joseph Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 26 1933