JAN 26 1934

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

Do not use this space.

B

30355-2

1. PLACE OF DEATH

County New Madrid Registration District No. 603

Township Primary Registration District No. 4357

City No. St. Ward)

File No.

Registered No. 19

2. FULL NAME Joseph Gale Parmley

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 10 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
2			19	

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

9. BIRTHPLACE (CITY OR TOWN) Stoddard Co. Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Gale Parmley

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

12. MAIDEN NAME OF MOTHER Kathryn Rogers

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

14. INFORMANT Gale Parmley
(Address) Morehouse Mo

15. FILED 9 30, 1933 John T. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep. 29 1933

17. I HEREBY CERTIFY, That I attended deceased from Sep. 21, 1933, to Sep. 29, 1933 that I last saw him alive on Sep. 28, 1933, and that death occurred, on the date stated above, at 4:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardiac Asthma

95B

92A

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) acute myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A A Mayfield, M. D.

Sep. 29, 1933 (Address) Sikeston 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	DATE OF BURIAL
Sikeston Mo	9-30 1933
20. UNDERTAKER John T. Parrish	ADDRESS Morehouse

...ment of OCCUPATION is very important.