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

Do not use this space.

36775

File No. 4698

Registered No. —

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 5832 Harrison St. Ward)

2. FULL NAME Bessie E. Parsons

(a) Residence, No. 5832 Harrison 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.

JAN 3 1934

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: G. Lynn Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 6, 1889

7. AGE: YEARS 43 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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

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): Salem, Iowa

FATHER

13. NAME: Arthur Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem, Iowa

MOTHER

15. MAIDEN NAME: Clara Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem, Iowa

17. INFORMANT (ADDRESS): G. Lynn Parsons, 5832 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Washington DATE: 12/1 1933

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED: Nov 30, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1933, to November 28, 1933

I last saw her alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at A. m. 11:10

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

	Date of onset
Carcinoma of uterus (cervix)	1932
Other contributory causes of importance: Pneumonia	
Uraemia	

Name of operation: No Date of:

What test confirmed diagnosis? Microscope Was there an autopsy? Yes

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? No

If so, specify

(Signed) Edward H. Mercer, M. D.

(Address) 1532 Bldg Kans

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

2229

E. H. Sherman
Prof Bldg