

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36987

52 JAN 2 1934

## 4. PLACE OF DEATH

County Knox  
 Township Liberty  
 City Edina Mo. (No. \_\_\_\_\_)

Registration District No. 441Primary Registration District No. 6243

File No. \_\_\_\_\_

Registered No. 33

St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Parrish  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1846  
 7. AGE YEARS MONTH DAYS If LESS than 1 day, hrs. or min.  
87 5 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) unknown Monroe Co. Ohio13. NAME John Carr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Monroe Co. Ohio15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Austin Cary (ADDRESS) Knox City Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Beaman Ridge DATE 11-5-3319. UNDERTAKER Mrs. J. W. Hudson (ADDRESS) Edina Mo.20. FILED Nov 5 1933 Mrs. C. M. Smith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 193322. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Nov 3 1933I last saw him alive on Nov 2 1933. Death is saidto have occurred on the date stated above, at 2:20 a.m.

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

Organic heart Date of onsetFailure 953

Other contributory causes of importance:

92

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) W. J. McReynolds M. D.(Address) Knox City Mo.

George Washington

W. C. C.