

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.

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

Do not use this space.

40452

1. PLACE OF DEATH

County Jasper
Township Halena
City Joplin Mo

Registration District No. 411
Primary Registration District No. 2002
(No. 3108 E. Seventh)

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary J. Parker

(a) Residence, No. 3108 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 6 6

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

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) Illinois

13. NAME George Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Letha Dillion

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

17. INFORMANT Mrs. Parker
(ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Dec-9-33

19. UNDERTAKER Frank Stevens Co
(ADDRESS) Joplin Mo.

20. FILED 12-9-33 Ed D. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Dec 7, 1933.
I last saw her alive on Dec. 7, 1933 Death is said to have occurred on the date stated above, at 7:55 p.m.

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

Acute Hepatitis Date of onset 1931
Arteriosclerosis
Other contributory causes of importance

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 W. H. Brookshire, M. D.
(Signed) Joplin Mo.
(Address)

