

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.

FEB 27 1934

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

Do not use this space.

781

**1. PLACE OF DEATH**

County Boone Registration District No. 318  
 Township to Campbell Primary Registration District No. 2001  
 City Springfield MO (No. 1512 W. Water)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 10  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1512 W. Water St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>F</u>	<b>4. COLOR OR RACE</b> <u>W</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Married</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>L. P. Parmeter</u>			
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Aug 17, 1904</u>			
<b>7. AGE</b>	<b>YEARS</b> <u>29</u>	<b>MONTHS</b> <u>4</u>	<b>DAYS</b> <u>16</u>
			<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Foreman</u>
			<b>9. Industry or business in which work was done, as mill, saw mill, bank, etc.</b> <u>Foreman</u>
<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>MO</u>			
<b>MOTHER</b>	<b>13. NAME</b> <u>W. F. Beth</u>		
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>MO</u>		
	<b>15. MAIDEN NAME</b> <u>Agnes Beth</u>		
<b>FATHER</b>	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>MO</u>		
	<b>17. INFORMANT (ADDRESS)</b> <u>L. P. Parmeter 1512 W. Water</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>DUNKLEY</u> DATE <u>Jan 7, 1934</u>			
<b>19. UNDERTAKER (ADDRESS)</b> <u>Thyde W. Fry 1212 W. Water</u>			
<b>20. FILED</b> <u>1-7</u> 1934 <u>Rutherford Langston</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 3, 1934

**22. I HEREBY CERTIFY** that I attended deceased from Sept 9, 1934 to Jan 3, 1934

I last saw him alive on Jan 3, 1934 Death is said to have occurred on the date stated above, at 6 P. M.

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

Carcinoma of uterus

Date of onset 1932

Other contributory causes of importance:  
Generalized edema and myocardial failure

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) Daniel L. Yancey, M. D.  
 (Address) 214 N. Jefferson

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 11/15/64

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]