

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

Do not use this space.

12282

MAY 25 1934

1. PLACE OF DEATH

County Clinton
Township _____
City Plattsburg (No. _____)

Registration District No. 207
Primary Registration District No. 4125

File No. 21
Registered No. 9
St. _____ Ward _____

2. FULL NAME Regena C. Park

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 22, 1924</u>				
7. AGE	YEARS <u>9</u>	MONTHS <u>5</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>			
	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) <u>Plattsburg Mo.</u>				
FATHER	13. NAME <u>Lee J. Park</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Mo.</u>			
	15. MAIDEN NAME <u>Elizabeth M. Janner</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>			
	17. INFORMANT <u>Lee J. Park</u> (ADDRESS) <u>Plattsburg Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>628 1/2 road Kansas City Mo</u> DATE <u>4-8</u> 19 <u>34</u>				
19. UNDERTAKER <u>Henry J. Bruin</u> (ADDRESS) <u>Plattsburg Mo.</u>				
20. FILED <u>419</u> 19 <u>34</u> at <u>W. Chastain Jr</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1934

22. I HEREBY CERTIFY, That I attended deceased from April - 5, 1934, to Apr 8, 1934

I last saw her alive on April 7, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Scarlet fever

Date of onset 4-5-34

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? no
If so, specify _____

(Signed) E. M. Beckman, M. D.
(Address) Plattsburg, Mo.

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.

