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

Do not use this space.

File No. 13390

Registered No.

1. PLACE OF DEATH

County: Knox

Township: Bourbon

City: Hedge city (No. ..... St. ..... Ward)

Registration District No. 447

Primary Registration District No. 5607

2. FULL NAME Charles Cicero Parrish

(a) Residence. No. ..... 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: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*):

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 1861

7. AGE: Years 72 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Knox Co.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Jim Parrish

11. BIRTHPLACE OF FATHER (CITY OR TOWN): unk
(STATE OR COUNTRY): Ky

12. MAIDEN NAME OF MOTHER: Mary Billers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unk
(STATE OR COUNTRY): Missouri

14. INFORMANT: Bert Parrish
(Address): Novelty Missouri

15. FILED: May 6 1934 Frank Redden
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 11 34

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Apr. 11, 1934, that I last saw him alive on Apr. 11, 1934, and that death occurred, on the date stated above, at 10 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

(duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home.

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. C. Gibson, M. D.

, 19 (Address) Novelty Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gorin Cemetery — DATE OF BURIAL: 4/12 1934

20. UNDERTAKER: Brothers & Swaringer — ADDRESS: Novelty Mo.

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.