

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

Do not use this space.

**1. PLACE OF DEATH**

County New Madrid  
Township Paris  
City Paris (No.     )

Registration District No. 605  
Primary Registration District No. 5804

File No. 17524  
Registered No.       
St.      Ward     

**2. FULL NAME**

Donald Jewell Parker

(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 W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 9 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mil  
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) New Madrid Co. Mo

13. NAME John T. Parker

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

15. MAIDEN NAME Clara Davis

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

17. INFORMANT (ADDRESS) John T. Parker  
Parma Rd 4

18. BURIAL, CREMATION, OR REMOVAL PLACE maiden DATE 5/12 1934

19. UNDERTAKER (ADDRESS) Craig  
making mo

20. FILED 5/11 1934 Dr. G. W. Shuler  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Paris, Mo before Dr. G. W. Shuler, 1934.  
I last saw him on 5-11-1934 Death is said to have occurred on the date stated above, at 1:20 P. M.  
The principal cause of death and related causes of importance were as follows:

Possible cerebral hemorrhage  
Possible cardiac failure

Other contributory causes of importance:  
    

Name of operation      Date of       
What test confirmed diagnosis? History Was there an autopsy? No

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 Not related  
(Signed) Dr. G. W. Shuler, M. D.  
(Address) Parma, 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.

JUN 25 1934

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