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.

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County RAY — Registration District No. 744 — File No. 21598
Township RICHMOND — Primary Registration District No. 59768 — Registered No. 77
City ~~RICHMOND~~ Henrietta (No. ..... St. ..... Ward)

2. FULL NAME WILLIAM J. PARKER
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF WANDA "FUNK" PARKER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 6 1901
7. AGE: YEARS 32 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ELECTRICIAN
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) 6/14/34
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KNOX PENN.

FATHER
13. NAME J. L. PARKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN.

MOTHER
15. MAIDEN NAME BERTHA BASE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN

17. INFORMANT (ADDRESS) MRS. WANDA PARKER RICHMOND, MO
18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY MO DATE 6/17/34
19. UNDERTAKER (ADDRESS) C. M. JOINER, RICHMOND, MO.
20. FILED 7-10 1934 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 14, 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocuted	
183	

193

Other contributory causes of importance: Lineman for electric company cause in contact with live wire
Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6-14, 1934
Where did injury occur? Henrietta, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Electrocuted on light pole
Nature of injury ''

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify .....
(Signed) E. E. Gay (Coroner) ~~M. D.~~
(Address) Richmond