

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Harrison  
Township Sugar Creek  
City (No.       )

Registration District No. 338  
Primary Registration District No. 5474

File No. 24212  
Registered No.        St.        Ward       

2. FULL NAME Glen A. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21-1911</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>23</u>	<u>7</u>	<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>July 25-34</u>		11. Total time (years) spent in this occupation <u>      </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Mo.</u>				
MOTHER	13. NAME <u>Anderson, Parker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Mo.</u>			
	15. MAIDEN NAME <u>Etta Weather</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Mo.</u>			
17. INFORMANT <u>Anderson Parker</u> (ADDRESS) <u>Bellevue City Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Chapel</u> DATE <u>July 29, 1934</u>				
19. UNDERTAKER <u>W. D. Haines</u> (ADDRESS) <u>Bellevue City Mo.</u>				
20. FILED <u>9/12</u> , 19 <u>34</u> <u>W. O. O'Phar</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934 to July 27, 1934  
I last saw him alive on July 27, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
bronchial Pneumonia Date of onset 7-25  
107A  
115A / 107A

Other contributory causes of importance:  
Emphysema July 23

Name of operation        Date of         
What test confirmed diagnosis?        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? no  
If so, specify         
(Signed) W. H. Warren, M. D.  
(Address) Bellevue City Mo.

