

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

Do not use this space.

1. PLACE OF DEATH

County Haskell
Township Liberty
City New Mt (No.)

Registration District No. 383
Primary Registration District No. 5534

File No. 24302
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1000 W. Parker St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Indiana

13. NAME Johnathan B. Parker

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

15. MAIDEN NAME Esther Heston

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

17. INFORMANT (ADDRESS) Mrs Lydia Rayton

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt Mo DATE July 20 1934

19. UNDERTAKER (ADDRESS) John F. Simeon

20. FILED Aug 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

22. HEREBY CERTIFY That I attended deceased from July 19 1934 to July 19 1934

I last saw him alive on July 19 1934 Death is said to have occurred on the date stated above, at 4 P. m.

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

Suicide By Shooting
157
40
Other contributory causes of importance: Demented

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-19-1934

Where did injury occur? Mtn. View Hospital, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Bullet fired through temple
Nature of injury with 25 Cal. Automatic Pistol

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify @ R. Merrill (Signed) Mtn. View Mo. (Address) M. D.

WHITE-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.

AUG 11 1934

