

CGT 1. 8 1934

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

Do not use this space.

33489

1. PLACE OF DEATH

County Madison
Township Paris
City Madison (No. _____)

Registration District No. 591
Primary Registration District No. 5789

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND or (OR) WIFE OF) <u>Andrew Parkey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6th 1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>same</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16th, 1932, to Sept 16th, 1934

I last saw her alive on Sept 14th, 1934. Death is said

to have occurred on the date stated above, at 6 P. a. m.

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

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? urinary 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 _____

(Signed) A. J. Hensch, M. D.

(Address) Madison, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Madison</u>	
	13. NAME	<u>Samuel Long</u> 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Madison</u>	
	15. MAIDEN NAME	<u>Isabella Martin</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Madison</u>	
	17. INFORMANT (ADDRESS)	<u>F. D. Parkey, no</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Madison</u> DATE <u>Sept 18th 1934</u>	
	19. UNDERTAKER (ADDRESS)	<u>James W. Williams, Madison, Mo.</u>
20. FILED	<u>9/17</u> 19 <u>34</u>	<u>Paul Rigg</u> Registrar

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

