

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.

OCT 11 1934

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

Do not use this space.

34718

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City ST. LOUIS (No. ST. LUKES HOSPITAL)

File No.....
Registered No. **9580** St. Ward)

2. FULL NAME MAURICE RAY PARROTT

(a) Residence, No. 215 BRISTOL RD WEBSTER GROVES MO (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 11 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 MAI L PARROTT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 29 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 0 30

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1894

10. Date deceased last worked at this occupation (month and year) Aug 28 1934 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LITCHFIELD ILL

13. NAME JAMES D. PARROTT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAVERLY ILL

15. MAIDEN NAME ELLA RILEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARLINVILLE ILL

17. INFORMANT EDWARD BEECHER (ADDRESS) NIRKWOOD MO

18. BIRTHPLACE, CREMATION, OR REMOVAL PLACE VALHALLA CREMATORY DATE 9-30-1934

19. UNDERTAKER Louis H. Bopp (ADDRESS) NirKwood Mo

20. FILED SEP 29 1934 Registrar. J. Brebeck

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-1934

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 8:30 A.M.

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

Edema of leg
Acute Coliciform Intoxication
Broncho-Pneumonia
Bilateral fracture 3-4-5-6
Ribs, left femur
Wound & Contusion Right eyebrow
Date of onset 1934

Other contributory causes of importance:

Ribs, left femur
Wound & Contusion Right eyebrow

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/19/34

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

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

Manner of injury Intoxication
Nature of injury Fall from balcony

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) Karoly Schuy M.D.
(Address) St. Louis

