

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.

DEC 12 1934

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

Do not use this space.

38470

1. PLACE OF DEATH

County Cates
Township Hudson
City _____ (No. _____)

Registration District No. 5-4
Primary Registration District No. 3-0-86

File No. _____
Registered No. 75-16-
St. _____ Ward _____

2. FULL NAME

Rufus Linsfield Parks

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arnette Greenwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1865

7. AGE YEARS 69 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Calvin Parks

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

MOTHER 15. MAIDEN NAME Martha McBride

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

17. INFORMANT (ADDRESS) Mrs. R. W. Parks Appleton city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shady Grove DATE Nov 18 1934

19. UNDERTAKER (ADDRESS) F. Paul Lee Appleton city mo

20. FILED Nov 19 1934 Max J. S. Brunner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 - 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12 1934, to Nov 12 1934.
I last saw him alive on Nov 12 1934. Death is said to have occurred on the date stated above, at 11 A m.

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

Impairments, etc.
930
Other contributory causes of importance Arterial fibulation

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. Exam 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. Reed M. D.
(Address) Appleton city, mo

