

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.

FEB 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County dent
Township Current
City (No., Ward)

Registration District No. 1035
Primary Registration District No. 5371

File No. 757
Registered No. 5

2. FULL NAME

Dorothy Ann Parker
(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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1933

7. AGE YEARS 2+ MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doerun, Mo

FATHER 13. NAME L. G. Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dent County Mo.

MOTHER 15. MAIDEN NAME Lucia Fortner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo.

17. INFORMANT (ADDRESS) Miss Parker

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Cem. DATE Jan 18 1935

19. UNDERTAKER (ADDRESS) N. S. Johnson

20. FILED 1/20 1935 J. A. Kiser Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1935, to Jan 16, 1935. I last saw her alive on Jan 12, 1935. Death is said to have occurred on the date stated above, at 12:00 P.M. The principal cause of death and related causes of importance were as follows:

Tracheal pneumonia Date of onset Jan 12 35
107 W
Other contributory causes of importance: Severe cold Jan 6 35

Name of operation ✓ Date of ✓
What test confirmed diagnosis? General Rigors Is there an autopsy? ✓

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓ of disease M. D.
(Signed) Salon (Address) Salon Mo

