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.

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

APR 26 1935

Do not use this space.

9242

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township ~~KAW~~ — Primary Registration District No. 1002
City KANSAS CITY (No. LAKESIDE HOSPITAL St. Ward)

File No.
Registered No.

2. FULL NAME LOWELL BRACKEN PARSON
(a) Residence, No. NETHERLANDS HOTEL St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG-5-1902
7. AGE: YEARS 32 MONTHS 7 DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CLERK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DRUG STORE
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) KANSAS

FATHER
13. NAME HARRY PARSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

MOTHER
15. MAIDEN NAME HELEN BRACKEN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT (ADDRESS) MRS. CLARENCE FOGELSTROM JUNCTION CITY,
18. BURIAL, CREMATION, OR REMOVAL
PLACE JUNCTION CITY DATE MCH 19 1935
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED Mch 19, 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 18, 1935
22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to March 18, 1935
I last saw him alive on March 18, 1935 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Parenchymatous Nephritis — following Acute Cholecystitis

Date of onset

Other contributory causes of importance:

Valvular heart disease

Name of operation None Date of
What test confirmed diagnosis? Laboratory & clinical 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) Charles A. Chante, M. D.
(Address) 230 WERBY Bldg

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230 Werby Bldg
5.30.6