

AUG 19 1935

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

Do not use this space.

23703

## 1. PLACE OF DEATH

602 County Madison  
Township  
City Fredericktown No. ....

Registration District No. 538  
Primary Registration District No. 3028

File No. ....  
Registered No. 80  
St. .... Ward

## 2. FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Carrie Sumner Parsons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1871</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>-</u>
	DAYS <u>17</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison County Missouri</u>	
	13. NAME <u>John J. Parsons</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mildra Stevens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. Clara Shell</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tracy Creek Camp 7/20 1935</u>		
19. UNDERTAKER <u>C. D. W. Webb</u> (ADDRESS) <u>Fredericktown, Mo.</u>		
20. FILED <u>July 29, 1935</u> <u>C. C. S. Cravener</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1935

22. I HEREBY CERTIFY, That I attended deceased from april 11, 1935, to July 18, 1935  
I last saw him alive on July 16, 1935. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Date of onset 7/10-35

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation None Date of no  
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 1935  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
no  
Manner of injury no  
Nature of injury no

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

If so, specify no  
(Signed) W. B. Ramsey M. D.  
(Address) Fredericktown, Mo.

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.

WRITE PLAINLY, WITH CAPITALS IN PLAIN LETTERS

