

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

Do not use this space.

25876

1. PLACE OF DEATH

County Cedar Registration District No. 163
 Township Eldorado Spgs Primary Registration District No. 40921
 City Eldorado Spgs (No.) St. Ward (....)

2. FULL NAME

(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 Female 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 W. B. King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 16

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME William Paul Parks

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

15. MAIDEN NAME Martha Ann Pigg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo.

17. INFORMANT W. B. King (ADDRESS) Eldorado Spgs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE Aug 27 1935

19. UNDERTAKER Parolin Nafus (ADDRESS) Eldorado Spgs Mo

20. FILED 8-27-1935 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-19-1935, to 8-26-1935

I last saw her alive on 8-26-1935. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. W. Dawson, M. D. (Address) Eldorado Spgs

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.

