CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1935

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

Do not use this space.

33602

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 338
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 307, So Ohio St. Ward)

2. FULL NAME Clarence Harding Parrish
(a) Residence, No. 408 So Engineer 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: Male
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: Nora
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5 1875
7. AGE: Years 59 — Months 10 — Days 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Doctor
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): Buncetor Mo

FATHER
13. NAME: Thomas Parrish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Mrs C. H. Parrish, Sedalia Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Buncetor Mo DATE: Oct 26, 1935
19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia Mo
20. FILED: Oct 26, 1935 Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 24, 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 ..., 19..., to Oct 24, 1935
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
9 hr	

Other contributory causes of importance: Angina Pectoris

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) E. L. Swavely, M. D.
(Address) Sedalia