

JAN 15 1936

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

Do not use this space

33500

1. PLACE OF DEATH

County Barry
Township _____
City _____

Registration District No. 36
Primary Registration District No. 5052

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Walter L. Parks

(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 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 Josephine A. Parks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-1878

7. AGE YEARS 57 MONTHS 9 DAYS 4
If LESS than 1 day, _____ hrs. or _____ min.

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

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) Harard Ill

13. NAME Edward Parks

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

15. MAIDEN NAME Ellen Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville Ill

17. INFORMANT (ADDRESS) Josephine A. Parks
Wagon Wheel Home
Carroll, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harard Ill DATE 12/14 1935

19. UNDERTAKER (ADDRESS) _____

20. FILED 12-16 1935 Pellie J. Inatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1935, to 12-13, 1935

I last saw him alive on 12-12, 1935. Death is said to have occurred on the date stated above, at 8:14 P.M.

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

Mitral Stenosis
Coronary Arteriosclerosis
and Atherosclerosis

Other contributory causes of importance: _____

Name of operation None 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) Josephine A. Parks M. D.
(Address) Carroll, Mo.

OCCUPATION
FATHER
MOTHER

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

(2)

AA