

JAN 21 1936

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

Do not use this space.

40429

1. PLACE OF DEATH

County New Madrid  
Township Franklin  
City Frankenburg (No. ....)

Registration District No. 604  
Primary Registration District No. 5802

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

2. FULL NAME

Albert Jackson Parton

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Married</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-5-1870</u>				
7. AGE YEARS <u>65</u>	MONTHS <u>7</u>	DAYS <u>12</u>	If LESS than 1 day, .... hrs. or .... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Woods Island Mo</u>				
13. NAME <u>Unknown</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
15. MAIDEN NAME <u>Unknown</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT (ADDRESS) <u>Thomas Reed Parton</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun</u> DATE <u>1/6</u>				
19. UNDERTAKER (ADDRESS) <u>Frank Shelby</u>				
20. FILED <u>1/6</u> 1936 <u>W. M. D. Banner</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1950

22. HEREBY CERTIFY, That I attended deceased from Dec 8 1950, to Dec 19 1950.  
I last saw him alive on Dec 8 1950. Death is said to have occurred on the date stated above, at 12:15 A.M.  
The principal cause of death and related causes of importance were as follows:  
Polymyositis  
Cardiac failure  
quadriceps tendon laceration

Date of onset

Other contributory causes of importance:  
None

Name of operation: None Date of: None  
What test confirmed diagnosis: None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 1950  
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: None  
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify None  
(Signed) W. M. D. Banner, M. D.  
(Address) New Madrid Mo

WRITE 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.

(M. W.)

