

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

Do not use this space.

40758

JAN 20 1936

1. PLACE OF DEATH

County St Charles
Township St Charles
City St Charles

Registration District No. 757
Primary Registration District No. 3036
(No. St Joseph's Hospital)

File No. _____
Registered No. 181
St. _____ Ward _____

2. FULL NAME Franklin C Parsons

(a) Residence, No. Old Monroe Mo Ward. old Monroe Mo
(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 Ella Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 6 26

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

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) Winfield Mo.

13. NAME Ben Parsons

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

15. MAIDEN NAME Mye

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ella Parsons Old Monroe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evon Cem. old Monroe Mo DATE 12/10/35

19. UNDERTAKER (ADDRESS) Wayne M & Coy Troy Mo

20. FILED 2/7/35 19 Clarence P. Hesser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1935

22. I HEREBY CERTIFY, That I attended deceased from held inquest Dec 7 1935

First saw deceased alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:20 p.m.

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

Hemorrhage and shock as a result of accidental traumatism to pelvis perineum. Injury to large blood vessels to bladder severed urethra
Other contributory causes of importance: none

Date of onset Dec 7 1935

Name of operation none Date of _____
What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 7, 1935
Where did injury occur? Near Winfield Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Near home
Manner of injury Caught in a belt and pulley
Nature of injury Traumatism to body

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify part of farm work
(Signed) Will K Freeman, M. D.
(Address) St Charles Mo

Coroner of St Charles Co 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 PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Stearns
6 Washington