MAR 16 1936

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

Do not use this space.

4379

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 36
City Kirksville (No. , St. Ward)

2. FULL NAME Hermiaone Rhoena Parrish
(a) Residence, No. 1308 N. Franklin St., Ward. (If nonresident, give city or town and State)
(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.

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 Married B.B. Parrish
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1886
7. AGE YEARS ~~49~~ 50 MONTHS 1 DAYS 8 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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) Jan 30 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Ohio

FATHER
13. NAME E. L. Bentley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Ohio

MOTHER
15. MAIDEN NAME Ada Padgett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Ohio

17. INFORMANT (ADDRESS) B. B. Parrish Kirksville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Feb. 16 1936
19. UNDERTAKER (ADDRESS) Davis & Wilson Kirksville, Mo.
20. FILED 2-18 1936 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14th 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1935 to Feb. 14th 1936
I last saw her alive on Feb. 14th 1936 Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93	

Other contributory causes of importance: None

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B.B. Parrish, M. D.
(Address) Kirksville, 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.