FEB 25 1936

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

Do not use this space.

4580

1. PLACE OF DEATH
County Boone — Registration District No. 75 — File No.
Township Perche — Primary Registration District No. 5114 — Registered No.
City Sturgeon (No. , St. Ward)

2. FULL NAME John Henry Parkinson
(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Parkinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1863
7. AGE: YEARS 72 — MONTHS 3 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Blacksmith
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) Davenport Iowa

FATHER
13. NAME Geo. Parkinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Anna Anivle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Will Parkinson Adair, Ia.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lenox Iowa DATE Feb 4, 1936
19. UNDERTAKER (ADDRESS) Geo O Shank Adair Iowa
20. FILED 2-3, 1936 Mrs H. Gullett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Jan 26, 1936
I last saw him alive on Home Date, 19 Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis — Date of onset
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Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Urine Was there an autopsy?
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) W A Robinson, M. D.
(Address) Sturgeon 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.