

MAY 19 1936

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

Do not use this space.

11076-a

## 1. PLACE OF DEATH

County Jackson  
Township Blair  
City Kansas City (No. 4419 Wabash)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 1700  
St. .... Ward 1002

## 2. FULL NAME

(a) Residence, No. 4419 Wabash 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1851</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>1</u>
		DAYS
		<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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>Indiana</u>		
13. NAME <u>John Parker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Mrs. Edna Fernholz</u> (ADDRESS) <u>4419 Wabash</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn Cem.</u> DATE <u>April 3, 1936</u>		
19. UNDERTAKER <u>Carroll-Davidson and Co.</u> (ADDRESS) <u>3024 Troost Ave.</u>		
20. FILED <u>Apr 24 1936</u> <u>M. M. Groves</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31/36 19

22. I HEREBY CERTIFY That I attended deceased from Appt. Dr. Groves, 19

I last saw h. alive on 9:00, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:  
Primary thrombosis  
Rupture of the heart  
95 B-1

Date of onset

Other contributory causes of importance:

Name of operation no Date of no

What test confirmed diagnosis Autopsy 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 no, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no

(Signed) [Signature], M. D.  
(Address) [Signature]

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.

11/06/21