

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.

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

Do not use this space.

MAY 14 1936

14904

1. PLACE OF DEATH

County Greene
Township Greenton
City Greenton

Registration District No. 328
Primary Registration District No. 3017

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

2. FULL NAME

(a) Residence, No. 1906 E. 9th St St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 me Alice M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 30 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 6 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Urmillion County, Del.

FATHER 13. NAME John Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urmillion County, Del.

MOTHER 15. MAIDEN NAME Sarah Touch

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

17. INFORMANT Homer, Dale Parker
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery, Jamaica, Mo DATE Apr. 28 1936

19. UNDERTAKER Hemley Funeral Home
(ADDRESS) Greenton, Mo

20. FILED 4-28 1936 Gene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1936

22. I HEREBY CERTIFY, that I attended deceased from Mar 1 1936 to Apr 26 1936

I last saw him alive on Apr 26 1936 Death is said

to have occurred on the date stated above, at 2 P m.

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

Influenza +
Broncho Pneumonia
Date of onset Mar 31

Other contributory causes of importance: 110

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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? No

If so, specify _____

(Signed) [Signature], M. D.

(Address) [Address]

