

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

Do not use this space.

15459

MAY 19 1936

1. PLACE OF DEATH
County Cassion Registration District No. 399
Township Man Primary Registration District No. 1002
City Kansas City (No. 76) Cagen Hosp St. _____ Ward _____

2. FULL NAME John Parish
(a) Residence, No. 5638 E. 11 St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 2179
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1876

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>59</u>	<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) mo

FATHER
13. NAME Amel Parish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) n.c.

MOTHER
15. MAIDEN NAME Ducy Cassion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) R. C. Cagen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 4-26-36

19. UNDERTAKER (ADDRESS) Peter B. Spasling

20. FILED Apr 26 1936 M.M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1936 to 4-23, 1936
I last saw him alive on 4-23, 1936 Death is said to have occurred on the date stated above, at 12:15 PM
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Hypertrophy and
Dilatation of Heart
Date of onset 1931

Other contributory causes of importance:
Pulmonary Embolism

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) [Signature] M. D.
(Address) Cagen Hosp

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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