

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.

JUN 27 1936

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

Do not use this space.

21639

1. PLACE OF DEATH

County *Highway*  
Township *Highway*  
City (No. ....) St. .... Ward)

Registration District No. *802*  
Primary Registration District No. *6046*

File No. ....  
Registered No. ....

2. FULL NAME

*Elizabeth A. Parnell*

(a) Residence No. .... 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

*Female*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*wid*

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

*Henry Parnell*

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

*Jan 2-1848*

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<i>88</i>	<i>4</i>	<i>17</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *housewife at home*  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Schuyler Mo*

10. NAME OF FATHER

*Thomas M. Mearns*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

*Don't know*

12. MAIDEN NAME OF MOTHER

*Maria L. McKitt*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

*Don't know*

14. INFORMANT (Address)

*Hanna Drake  
Caneaster Mo*

15. FILED

*5-20-1936 J. B. B. Registrar*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 19 1936*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 1 1935* to *May 19 1936* that I last saw him alive on *Oct 16 1935*, and that death occurred, on the date stated above, at *9:30* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Myocardial insufficiency  
possibly chest  
died suddenly*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

*None*  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *at home*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. B. B. M. D.*  
, 19 *Donning Mo* (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Donning Mo* *May 27 1936*

20. UNDERTAKER

ADDRESS

*Lloyd Moore* *Donning Mo*

