

JUN 27 1936

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

Do not use this space.

21831

1. PLACE OF DEATH  
County North Registration District No. 905  
Township Allen Primary Registration District No. 6216  
City (No. St. Ward)

2. FULL NAME Elma Lucinda Parnan  
(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 11 6

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) Geny County, Mo

13. NAME Geo James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geny County, Missouri

15. MAIDEN NAME Rebecca Waguire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geny County, Mo

17. INFORMANT (ADDRESS) J P Braun Denver, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller DATE May 7 1936

19. UNDERTAKER (ADDRESS) Braun Bros Denver, Mo

20. FILED 5/26 1936 Byron Kier Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1936, to 5-4 1936. I last saw her alive on 5-4 1936. Death is said to have occurred on the date stated above, at 3:20 m. The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset 4-26-36  
1010  
Other contributory causes of importance:  
Mural Thrombosis 5-4-36  
Strep. Septicemia 5-2-36

Name of operation Date of  
What test confirmed diagnosis? clin 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) Terence H. Rose, M. D.  
(Address) Albany, 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.

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

