

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

Do not use this space.

*B. M.*  
**26549**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Van Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City W. Mo (No. Memorial Hospital) St. 3219 Ward \_\_\_\_\_

**2. FULL NAME**

Joseph L. Park  
 (a) Residence, No. 1637 Lawn, av., 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 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 Ella Park

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-29-1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
33 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brown Strauss Corporation  
 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) Kansas

13. NAME Thomas Park

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clow

15. MAIDEN NAME Betta Amick

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

17. INFORMANT (ADDRESS) Mrs. Ella Park, 1637 Lawn, av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE July 13 1936

19. UNDERTAKER (ADDRESS) Mrs. C. L. Gardner, 918 Brooklyn, av.

20. FILED 7-10 1936 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 - 1936

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance were as follows: \_\_\_\_\_ Date of onset \_\_\_\_\_

Inhibel second and third degree burns of lower extremities  
Left myopia

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide (Date of injury) \_\_\_\_\_  
 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 Burned by auto engine truck  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) [Address]

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.

Nov 6 1881 B.