SEP 29 1936

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

Do not use this space.

31012

File No.

Registered No. 3311

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. 625 West 59th St. Ward)

2. FULL NAME Rebecca H. Parker

(a) Residence, No. 625 West 59th 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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marshall C. Parker, M. D.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	84	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): South Carolina

FATHER

13. NAME: S. C. Humphreys

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

17. INFORMANT (ADDRESS): W. J. Wyly 625 West 59th St., Kansas City, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Anderson, S. C. DATE: August 18, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED: 8/17, 1936 M. M. Grove, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1935, to Aug. 17, 1936

I last saw her alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at ...A. m. 5:30

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

	Date of onset
CHOLECYSTITIS	
CHOLANGITIS	1 WK
J & C	

Other contributory causes of importance:

CHRONIC MYOCARDITIS	YRS.

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, 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) O. C. Linstead, M. D.

(Address) 6944 Oriole

K C 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, WITHOUN PADDING INKWITHY IS A PERMANENT RECORD

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