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.

SEP 24 1936

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

Do not use this space.

31368

1. PLACE OF DEATH
County: Jasper
Township: Joplin
City: (No. ..... St. ..... Ward)
Registration District No.: 411
Primary Registration District No.: 2002
Castle Rock
File No.:
Registered No.:

2. FULL NAME: Belle Parks
(a) Residence, No. (Usual place of abode): Castle Rock St. ..... Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
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: Frank Parks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1881
7. AGE: Years 55 Months 3 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife.
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): Montpelier Vermont

FATHER
13. NAME: Caulkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER
15. MAIDEN NAME: no record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record.

17. INFORMANT (ADDRESS): Frank Parks Joplin Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL: Eskra Kansas DATE 8-17-36, 19
19. UNDERTAKER (ADDRESS): Hurlburt Und. Co. Joplin Mo
20. FILED: 8-15-36, 19 E. E. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 14-36, 19
22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 19 36 to Aug 14, 19 36
I last saw her alive on Aug 14, 19 36. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Other contributory causes of importance: Chronic Nephritis	

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?
If so, specify:
(Signed): Ary E. Brown M. D.
(Address): 708 Virginia Bldg Joplin Mo