

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

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

Do not use this space.

60 OCT 21 1936

36785

1. PLACE OF DEATH

County Buchanan
Township
City St Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hosp # 2)

File No.
Registered No. 1314
St. Ward

2. FULL NAME

(a) Residence No. 524 Hardy St K.C. Mo. St. Ward.

Length of residence in city or town where death occurred 10 yrs. 10 mos. How long in U. S., if of foreign birth? yrs. mos. da.

Spencer City Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>Wife of J. H. Parker</u> HUSBAND OF (OR) WIFE OF <u>524 Hardy St Kansas City</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 1858</u>		
7. AGE	YEARS	MONTHS
<input checked="" type="checkbox"/>	<u>78</u>	<u>8</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegrapher</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1936 to Oct 17 1936
I last saw him alive on Oct 16 1936. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
with Hypertension
Indef

Other contributory causes of importance:
Senility
Name of operation None Date of
What test confirmed diagnosis? Chased Was there an autopsy? 70

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? 70
If so, specify
(Signed) E. P. DeLong M. D.
(Address) State Hosp # 2

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>James Parker</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Rachael Parker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>
17. INFORMANT (ADDRESS) <u>Hosp Record</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palmyra Nebraska</u> DATE <u>Oct 19 36</u>	
19. UNDERTAKER (ADDRESS) <u>Chas. M. Itzbell</u> <u>2101 N. Main St. St. Joseph Mo.</u>	
20. FILED <u>Oct 18 1936</u> <u>H. H. Kestelbaum</u> Registrar.	

2016-2-19-36 I X7284

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.

