

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 27 1936

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

Do not use this space.

37326

1. PLACE OF DEATH

County Butte Registration District No. 309
Township Atkins Primary Registration District No. 5427
City (No.) St. Ward)

File No.
Registered No. 72

2. FULL NAME Lillian Irene Parks

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Hiram Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 20

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) Cambridge Illinois

MOTHER FATHER 13. NAME Jessie Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark.

15. MAIDEN NAME Mandy Cartwright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

17. INFORMANT Mrs. Robt. Parks (ADDRESS) Evans Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evans DATE Oct 11 1936

19. UNDERTAKER Clifford Brooks (ADDRESS) Albany Mo

20. FILED Oct 14 1936 W. G. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1936, to Oct. 9, 1936. I last saw h. alive on Oct. 9, 1936. Death is said to have occurred on the date stated above, at 7:15 P. M.. The principal cause of death and related causes of importance were as follows:

Aortic aneurism Date of onset ?
Ruptured aneurism + hemorrhage

Other contributory causes of importance: Ruptured aneurism + hemorrhage

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

