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

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.

DEC 4 1936

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

Do not use this space.

38732

1. PLACE OF DEATH
County Putnam — Registration District No. 719 — File No. 27
Township Elm — Primary Registration District No. 5950 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Press Evins Parton
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Parton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1 - 1858

7. AGE YEARS 77 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Martin Parton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Nancy Mullenix
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Perry Partin Steel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cainford DATE Oct 29 1936 Burial

19. UNDERTAKER (ADDRESS) F. O. Kusted & Son Unionville Mo

20. FILED Oct 28, 1936 Dr C O Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1936, to Oct 28, 1936
I last saw him alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Intestinal Interitis	Oct 18 36

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) Dr C. O. Thomas, M. D.
(Address) Worthington Mo