

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 18 1936

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

Do not use this space.

41053

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Bethlehem Primary Registration District No. 5489A
City (No.) St. Ward

2. FULL NAME

Bette May 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-17-1914

7. AGE YEARS MONTHS DAYS 'If LESS than 1 day,hrs. ormin.
1 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Dependant
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) Bethlehem

FATHER
13. NAME Clifford Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co

MOTHER
15. MAIDEN NAME Stella McFerran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co mo

17. INFORMANT (ADDRESS) Clifford Parks

18. BURIAL, CREMATION OR REMOVAL PLACE Wilton DATE 11-28-36

19. UNDERTAKER (ADDRESS) Charley Pickett Brownington mo

20. FILED 11-21-1936 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8:11-16-36, 1936, to 11-17-36, 1936.

I last saw h.p. alive on same sleep, 1936. Death is said to have occurred on the date stated above, at 3 A m.

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

Dysentery from food poisoning Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera 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 _____, 1936
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? Yes
If so, specify _____

(Signed) Ed C. Peltor mo, M. D.
(Address) Clinton mo

