

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.

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

Do not use this space.

FEB 23 1936

47717

1. PLACE OF DEATH

County Laney Registration District No. 859 File No. 3
 Townshp Francis Primary Registration District No. 6128 Registered No. _____
 City Parsons (No. _____) St. _____ Ward _____

2. FULL NAME

Robert Eugene Parsons
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Stillborn</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9, 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</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) Jan. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Stillborn
Prolonged, difficult labor.
Fetal heart beat was not heard after 7:30 am.
Delivery was effected 10:30 am.

Date of onset Jan. 9.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons MO

FATHER

13. NAME Herbert C. Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laney Co., Mo.

MOTHER

15. MAIDEN NAME Gracie Frances Coffelt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Powderite, Mo.

17. INFORMANT (ADDRESS) Herbert C. Parsons Francis MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsons funeral DATE 1/10 1936

19. UNDERTAKER (ADDRESS) None

20. FILED 1/10 1936 John A. Bantus Registrar.

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) H. V. Heimbarger M.D.
 (Address) Parsons, Mo.

