

AUG 24 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County

modaway

Registration District No.

626

Township

Independence

Primary Registration District No.

5-828

City

Parnell

(No. \_\_\_\_\_)

File No.

48648

Registered No.

St.

Ward)

## 2. FULL NAME

Still Born

(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

male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 23 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

none

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

Parnell Mo

MOTHER FATHER

13. NAME

Archie V Hunt

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

MO

15. MAIDEN NAME

Lola Roach

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

MO

17. INFORMANT (ADDRESS)

Archie Hunt Parnell Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

at his home

DATE

April 24 1936

19. UNDERTAKER (ADDRESS)

Archie Hunt Parnell Mo

20. FILED

Apr. 25 1936 Hallare Kennedy Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Unknown 1936

22. I HEREBY CERTIFY, That I attended deceased from

April 23, 1936, to April 23, 1936

I last saw \_\_\_\_\_ 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:

Still Born

at 3 months

Date of onset

Other contributory causes of importance:

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) E. Bert Crowson, M. D.

(Address)

Parnell Mo

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.

