

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

Do not use this space.

490

FEB 16 1937

1. PLACE OF DEATH
 County Carrroll Registration District No. 134
 Township Ridge Primary Registration District No. 4075
 City Bosworth Mo (No. _____) St. _____ Ward _____

2. FULL NAME GEORGE E. PARKER

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25-1936</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>1</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	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) <u>Brunswick Mo</u>		
FATHER	13. NAME <u>Geo. Parker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Starberrry Mo</u>	
MOTHER	15. MAIDEN NAME <u>Marriman Auepaugh</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Cambria Mo</u>	
17. INFORMANT (ADDRESS) <u>Geo. Parker Brunswick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo</u> DATE <u>Jan 12 1937</u>		
19. UNDERTAKER (ADDRESS) <u>L. W. Maccaul Brunswick Mo</u>		
20. FILED <u>Feb. 4 1937</u> <u>Mrs. Boss Brown</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th 1937 to Jan 11th 1937
 I last saw him alive on Jan 11th 1937 Death is said to have occurred on the date stated above, at 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
Myocardial Degeneration
 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 cause (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. M. DeLaney D.O., M. D.
 (Address) Bosworth, Mo.

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.

