

FEB 19 1937

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

Do not use this space.

2864

1. PLACE OF DEATH

94 County St. Francois Registration District No. 274
Township St. Francois Primary Registration District No. 4465
City Flat River, Mo. (No. 7) St. _____ Ward _____

File No. 622

Registered No. _____

2. FULL NAME Mrs. Mary J. Parmen

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White-Cauc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert J. Parmen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1859

7. AGE YEARS 77 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 25
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 1-25-37 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yale Co. Ohio

13. NAME Mr. William Belcher

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

15. MAIDEN NAME Miss Elsie Cawander

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

17. INFORMANT Mrs. Pearl Reed (ADDRESS) Daughter - Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Lutheran Church DATE January 28, 1937

19. UNDERTAKER Alvin W. Hard (ADDRESS) Flat River, Mo.

20. FILED 2-5, 1937 C. B. Hesser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1937, to 1-25, 1937

I last saw her alive on 1-18, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

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

myocarditis
influenza
Other contributory causes of importance _____
W. J. H.

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? culture 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) C. B. Hesser, M. D.
(Address) Flat River 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.

