

MAR 22 1937

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

Do not use this space.

7047

## 1. PLACE OF DEATH

County LewisRegistration District No. 183

File No. ....

Township RedeaterPrimary Registration District No. 15297

Registered No. ....

City .....

(No. 5144)

St. .... Ward)

## 2. FULL NAME

Priscilla 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 Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. S. Parker22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Feb 1, 1937.I last saw him alive on Jan 31, 1937. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1853to have occurred on the date stated above, at 8:00 a.m.7. AGE YEARS 83 MONTHS 7 DAYS 29 If LESS than 1 day, .... hrs. or .... min.

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

Myocarditis

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

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) Adams Co Ill13. NAME Harvey S. ...14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Elizabeth Brink16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Ed. ...18. BURIAL, CREMATION, OR REMOVAL PLACE St. ... DATE 2/2/3719. UNDERTAKER (ADDRESS) James A. ...20. FILED Feb 2, 1937 Dr. B. H. ... Registrar.

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) W. C. E. Todd, M. D.(Address) Williamstown 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.

