

APR 8 1937

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

Do not use this space.

9472

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1002
City Kansas City (No. 3307 Michigan) St. Mo. Ward 2

File No. 2500
Registered No. 2500
St. Mo. Ward 2

2. FULL NAME James M. Parkins

(a) Residence, No. 942 Sandusky, K.C.K. St. Mo. Ward 2
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brick Contr-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. actor
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation 40

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

13. NAME Unknown

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

15. MAIDEN NAME Martha Pratt

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

17. INFORMANT Ross E. Parkins
(ADDRESS) 942 Sandusky, K.C. Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherryvale, Kansas DATE 3/9/37

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED Mon 8 27 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to Mar 6 1937
I last saw him alive on March 5 1937 Death is said to have occurred on the date stated above, at 1:20 A.M.

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

Broncho PneumoniaDate of onset 2-27-37Chronic interstitial nephritis

Other contributory causes of importance:

Chronic Poly arthritis1121

Name of operation No Date of No
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Leo A. O'Brien M. D.
(Signed) Leo A. O'Brien
(Address) 801 1/2 W 39th St K.C. 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.

100M-3-3-35

Les O'Boine
801 W 39 St,
Van. 3660