

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.

MAY 18 1937

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

Do not use this space.

15911

1. PLACE OF DEATH

15 County Camden  
Township Anglo  
City Decaturville, Mo.

Registration District No. 275  
Primary Registration District No. 5170B

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Nepoleon Bonifart Parish  
(a) Residence, No. Decaturville St. no 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 10 17

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

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) Camden Co Mo.

13. NAME Jessie Parish

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

15. MAIDEN NAME Lydia Darrow

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

17. INFORMANT Mary Parish (ADDRESS) Decaturville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Mar 30 1937

19. UNDERTAKER Bankson Woolery FIS (ADDRESS) Camden, Mo

20. FILED April 13 1937 Mrs Mae Pool Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1937, to Mar 29 1937

I last saw him alive on Mar - 29 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Burn Date of onset 37

Other contributory causes of importance: None 21

Name of operation None Date of None

What test confirmed diagnosis? Ply Engler Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-4 1937

Where did injury occur? Decaturville, Mo

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Accidental

Nature of injury Burn

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

If so, specify NO

(Signed) E. C. Cusbone M. D.  
(Address) One Decaturville Mo

