

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

Do not use this space.

MAY 27 1937

1. PLACE OF DEATH

County *Johnson*
Township *Columbus*
City *Columbus*

Registration District No. *431*
Primary Registration District No. *5590*

File No. *16744*
Registered No. *43*

2. FULL NAME

Mary Elizabeth Parkerbrink

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Wm. Parkerbrink*

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 3 - 1859*

8. AGE YEARS *77* MONTHS *4* DAYS *25* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Christian Co. Mo* (STATE OR COUNTRY)

13. NAME *Alexander McCollum*

14. BIRTHPLACE (CITY OR TOWN) *Ching* (STATE OR COUNTRY)

15. MAIDEN NAME *Laura Blunker*

16. BIRTHPLACE (CITY OR TOWN) *Ill.* (STATE OR COUNTRY)

17. INFORMANT *Wm. Parkerbrink* (ADDRESS) *Interview. No*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sussex Hill* DATE *Apr. 30 1937*

19. UNDERTAKER *Sweeney, Phillips* (ADDRESS) *Warrensburg Mo.*

20. FILED *Apr 30 1937* *Earl Gentry* Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1937* to *Apr 29 1937*
I last saw him alive on *Apr 28 1937* Death is said to have occurred on the date stated above, at *11:45 A.M.*

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

Other contributory causes of importance: *AM*

Name of operation Date of

What test confirmed diagnosis? *Micro* 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 *yes*

(Signed) *J. Johnson* M. D.

(Address) *Warrensburg Mo*

