

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Laclede
 Township Washington
 City _____ (No. _____)

 Registration District No. 449
 Primary Registration District No. 5612

 File No. 16766
 Registered No. _____
 St. _____ Ward _____
2. FULL NAME Beverett S Parlet
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs E. D. Parlet
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 11 3

 OCCUPATION
 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) Ohio13. NAME Thos. Parlet14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Elizabeth M. Laughlin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland17. INFORMANT Mrs E. S. Parlet (ADDRESS) Lebanon Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 4/13 193719. UNDERTAKER W. E. Halman (ADDRESS) Lebanon Mo20. FILED 4-12-37 1937 J. A. McCumb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11 193722. I HEREBY CERTIFY, That I attended deceased from 4-10, 1937, to 4-11, 1937I last saw him alive on 4-11, 1937. Death is said to have occurred on the date stated above, at 2:50 a. m.

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

 Cerebral Hemorrhage Right 4-10-37
 Date of onset
Other contributory causes of importance: See 1

Hypertension and Atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

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? NOIf so, specify Paul A. Jenkins, M. D. (Signed)Lebanon, Mo. (Address)

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.

