

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 21 1937

1. PLACE OF DEATH

County Saline
Township
City Marshall (No.)

Registration District No. 7968
Primary Registration District No. 3138

File No. 17680
Registered No. 68
St. Ward

2. FULL NAME

(a) Residence, No. Virginia Parker 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
	<u>0</u>	<u>1</u>	<u>9</u>	

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) Marshall Mo (STATE OR COUNTRY)

13. NAME Joseph Parker

14. BIRTHPLACE (CITY OR TOWN) Saline, Mo (STATE OR COUNTRY)

15. MAIDEN NAME Annie Leonard

16. BIRTHPLACE (CITY OR TOWN) Saline, Mo (STATE OR COUNTRY)

17. INFORMANT Joseph Parker (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE April 10, 1937

19. UNDERTAKER Hauben Robbins (ADDRESS) Marshall Mo

20. FILED Apr 9, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th, 1937

22. I HEREBY CERTIFY, that I attended deceased from April 8, 1937, to April 9, 1937. I last saw her alive on April 8, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

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

Bronchopneumonia Date of onset Don't know

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Typical Was there an autopsy? yes

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 _____

(Signed) W. H. Madison, M. D.

(Address) Marshall Mo

107a

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline

Registration District No. 796

File No. 17680

Township

Primary Registration District No. 3038

Registered No. 68

City Marshall (No.)

St. Ward)

2. FULL NAME Virginia 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 1 9

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED June 10, 1937 Mary Kent Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9 1937

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on ... 19... Death is said

to have occurred on the date stated above, at ... m.

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

Bacterial Pneumonia Date of onset

Other contributory causes of importance:

Possibly influenza

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. H. Madison, M. D.

(Address) Marshall Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE F... ICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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