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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 18894

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Mary's Hosp. 2 St. Ward)

2. FULL NAME Rev. Lyman B. Parker

(a) Residence, No. Sulpher, Okla. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 12, 1854

7. AGE: YEARS 82 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adams County Ohio

FATHER

13. NAME: Isaac Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brown County Ohio

MOTHER

15. MAIDEN NAME: Exaline Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brown County Ohio

17. INFORMANT (ADDRESS): David W. Parker, 720 Corbin Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sulphur, Okla. DATE May 4 1937

19. UNDERTAKER (ADDRESS): D.W. Newcomer'soSons

20. FILED May 4 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1937, to 5-3, 1937

I last saw him alive on 5-3, 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

	Date of onset
Arterio sclerotic heart disease	1935
Embolism rt. anterior tibial artery	4-29-37

Other contributory causes of importance:

Arterio sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Hubert M. Parker, M. D.

(Address) 736 Argyle

Argyle Bldg.