

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

Do not use this space.

1. PLACE OF DEATH **171937**

County Buchanan

Registration District No. 85

File No. 19530

Township _____

Primary Registration District No. 1001

Registered No. 622

City St. Joseph (No. _____)

Methodist Hospital

St. _____ Ward _____

2. FULL NAME Nettie Jane Parrott

(a) Residence, No. _____ St. _____ Ward Weatherby, Mo.

(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 22 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 22, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) DeKalb, Co., Mo.

13. NAME William T. Gilmore

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

15. MAIDEN NAME Catherine Quinn

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

17. INFORMANT (ADDRESS) Allen Parrott Weatherby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Weatherby, Mo. DATE May, 27, 1937,

19. UNDERTAKER (ADDRESS) Walter Moellerhoffer 1302 Farnon St, St. Joseph, Mo.

20. FILED 5/26 1937 J. H. Hestebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 25, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1937, to 5-25 1937. I last saw her alive on 5-25 1937. Death is said to have occurred on the date stated above, at 7.35 m. A.M. The principal cause of death and related causes of importance were as follows:

Undulant Fever
Spondylitis

Other contributory causes of importance: Hypostatic pneumonia

Name of operation drainage Date of 5-21-37
What test confirmed diagnosis? agglut Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Jacob Kulowski, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

