

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 396 File No. 20242  
Township Buckner Primary Registration District No. 4233 Registered No. \_\_\_\_\_  
City Buckner (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Noah David Parsons  
(a) Residence, No. Buckner, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 5 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 Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela S. Parsons  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1572 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician  
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) Sept 29 - 36 11. Total time (years) spent in this occupation 47 y.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME Noah Parsons

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

15. MAIDEN NAME Catharine Douglas

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

17. INFORMANT Mrs. Chas. Bliss  
(ADDRESS) Buckner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner DATE Nov 8, 1936

19. UNDERTAKER W. H. Mitchell  
(ADDRESS) Buckner, Mo.

20. FILED Nov 6, 1936 John M. Robertson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1936, to Nov 5, 1936  
I last saw him alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Coronary Thrombosis Date of onset Sept 29, 1936  
Arteriosclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 1936  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in Industry, in home, or in public place. \_\_\_\_\_

Manner of injury X  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) John M. Robertson, M. D.  
(Address) Buckner, 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.

