

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Francois*  
Township *Piedleton*  
City *Woe Run* (No. *9*)

Registration District No. *773*

Primary Registration District No. *6023*

File No. *21214*

Registered No. *53*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *O. B. Parks*

(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 *M* 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 *Evelyn Parks*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 22nd 1869*

7. AGE YEARS *67* MONTHS *5* DAYS *-* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. *Filing Station*

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) *St. Francois Co Mo*

13. NAME *Marion Parks*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Francois Co Mo*

15. MAIDEN NAME *Nancy Jane Jacobs*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Madrid Mo*

17. INFORMANT *Evelyn Parks* (ADDRESS) *Woe Run Mo*

18. BURIAL, CREMATION, OR REMOVAL *Woe Run Mo* DATE *4-24*, 19*37*

19. UNDERTAKER *Caldwell Bros* (ADDRESS) *Flat River Mo*

20. FILED *May 6, 1937* *T. J. Robinson* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 22*, 19*37*

22. I HEREBY CERTIFY, that I attended deceased from *March 17*, 19*37* to *April 22*, 19*37*

I last saw him... alive on *April 22*, 19*37* Death is said to have occurred on the date stated above, at *6:30 a.m.*

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

*Carcinoma of Liver* Date of onset *Unknown*

Other contributory causes of importance: *410*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *lymphatic* 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 \_\_\_\_\_, 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 *3*

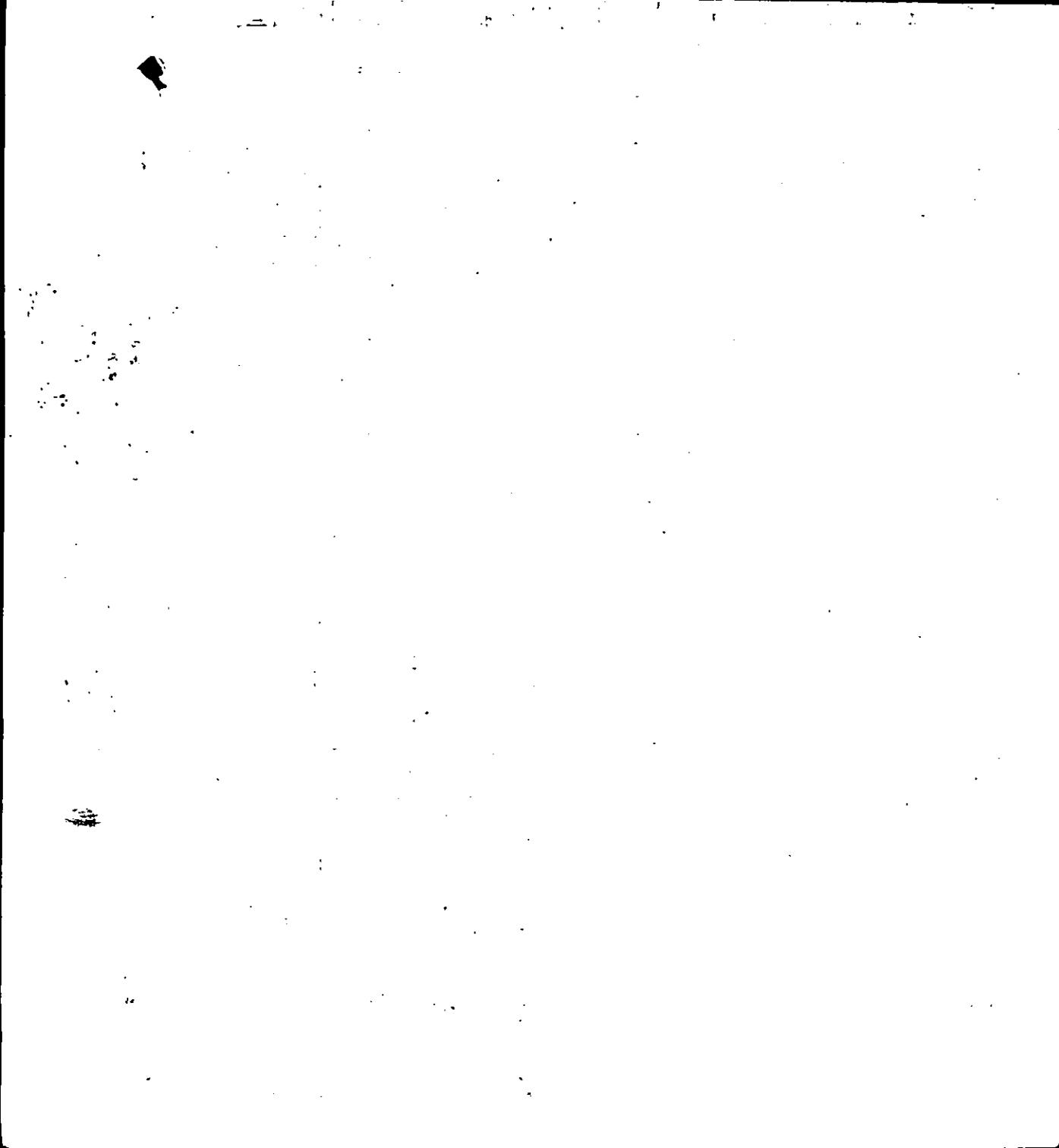
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_

(Signed) *L. M. Stanfield* M. D.

(Address) *Farmington Mo*

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**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Francois  
Township Pendleton  
City Paris (No. ....) St. .... Ward)

Registration District No. 773  
Primary Registration District No. 6023

File No. 21214  
Registered No. ....

**2. FULL NAME**

Thomas B. Paris

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (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.  
67 1

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...

19. UNDERTAKER (ADDRESS)

20. FILED May 6 1937 B. J. Robinson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 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:

Date of onset

Other contributory causes of importance:

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) L. M. Stanfield, M. D.  
(Address) Farmington Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-21214