

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

Do not use this space.

JUN 29 1937

21377

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Cassville Primary Registration District No. 16248B
 City Rock Hill (No. Rock Hospital) St. _____ Ward _____
 Registered No. 213

2. FULL NAME James Parks
 (a) Residence, No. 8 S. Jefferson St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>8</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. School

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) 5-20-29 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mempis Tenn

FATHER

13. NAME William Parks

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

MOTHER

15. MAIDEN NAME Carie Marshall

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

17. INFORMANT Wm Hospital Board (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 22 1937

19. UNDERTAKER F. A. Gentry (ADDRESS) 2915 Franklin Ave.

20. FILED May 21 1937 H. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936, to May 18, 1937, 1937
 I last saw him alive on May 18, 1937 Death is said to have occurred on the date stated above, at 7:40 m.
 The principal cause of death and related causes of importance were as follows:
Adhesive Peritonitis
Bout Tuberculosis
 Date of onset _____

Other contributory causes of importance: 26
Tuberculosis Peritonitis

Name of operation Autopsy T. Kow Date of 5/17/37
 What test confirmed diagnosis? Albany 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) R. Robinson M. D.
 (Address) Wash. Hospital

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.

