

JUN 30 1937

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

Do not use this space.

21539

1. PLACE OF DEATH

104 County Stone
Township Union
City..... (No.....)..... St..... Ward.....

Registration District No. 846
Primary Registration District No. 6110

File No.....
Registered No. 14

2. FULL NAME

Roy Everett Parker

(a) Residence, No..... St..... Ward.....

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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) Aug. 29 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer.
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) Missouri

13. NAME J. J. Parker,

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

15. MAIDEN NAME Bida Crabtree.

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

17. INFORMANT Mrs. Tony Manes
(ADDRESS) Brown Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Merionville Cem. DATE May. 19 - 1937

19. UNDERTAKER J. W. Maples,
(ADDRESS) Cleary, Mo.

20. FILED 6-10- 1937, H. A. Simon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 1937, to May 18 1937.

I last saw him alive on May 18, 1937. Death is said to have occurred on the date stated above, at 2 A.M.

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

Pneumonia

Date of onset May 15

Other contributory causes of importance:

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

What test confirmed diagnosis? none 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....
(Signed) W. H. ..., M. D.

(Address) Cleary, 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.

OCCUPATION

FATHER

MOTHER

31
32

108

