AUG 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Worth
Township Fletchall
City Grant City (No. ..... , ... St. ..... Ward)

Registration District No. 923
Primary Registration District No. 6212

File No. 28651
Registered No. .....

2. FULL NAME Samuel Howard Parker

(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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	6	11	

OCCUPATION
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) July 1937
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Iowa

FATHER
13. NAME James Lawrence Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Iowa

MOTHER
15. MAIDEN NAME Della Oliver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Redding Iowa

17. INFORMANT (ADDRESS) Mrs. Della Parker Redding Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Redding DATE July 6 1937

19. UNDERTAKER (ADDRESS) Arch C. Dunfee Grant City Mo

20. FILED 8-3 1937 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h~~ere~~ alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 45 P.m.

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

Fractured skull

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? accident Date of injury ....., 19.....
Where did injury occur? Highway 46 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car accident
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Eu Gurling Coroner, M. D.
(Address) Grant City 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.

195

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

28651

Do not use this space.

1. PLACE OF DEATH
   (a) County Worth — Registration District No. 903
   (b) Township Fletchall — Primary Registration District No. 6212 — Registered No.
   (c) City — (d) Street No. — St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Howard Parker
   (a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	W	m

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.
	27	6	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8/3 1937 Fred [illegible] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..
I last saw h... 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:

Fractured Skull

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? Accident — Date of injury ..., 19..
Where did injury occur? Highway 4 6 1/2 mile from town (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Car accident caused
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. Gisling Jarone, M.D.
(Address) Grant City Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

IEALTH
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Do not use this space.

Registered No.....

.....St.
tution, write its name instead of street and number)
in U. S., if of foreign birth? yrs. mos. ds.

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(If nonresident, give city or town and State)

CERTIFICATE OF DEATH

I, DAY, AND YEAR) 19

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..., 19....., to ....., 19.....
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