WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 15 1937

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

Do not use this space.

30305

1. PLACE OF DEATH
County Camden — Registration District No. 120 — File No.
15 Township Russell — Primary Registration District No. 5172 — Registered No. 16
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sedorah Parrack
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hiram Lewis Parrack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7th 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Most of Life
10. Date deceased last worked at this occupation (month and year) Housekeeper up to 1930
11. Total time (years) spent in this occupation

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

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

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

17. INFORMANT (ADDRESS) G. D. Parrack Macks Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parrack Grove Cemetery 8-24- 1937

19. UNDERTAKER (ADDRESS) L. B. Jones Buffalo Mo.

20. FILED 8/24th 1937 Dr G. T. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10th 1930, to Aug 23rd 1937
I last saw her alive on Aug 20th 1937. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis of Liver	1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? [redacted] Was there an autopsy? no

23. If death was due to external [redacted]olence), 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) G. T. Myers, M. D.
(Address) Macks Creek, Mo.