

OCT 19 1937

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

Do not use this space.

34118

1. PLACE OF DEATH

County De Witt  
Township Cardwell  
City Cardwell Mo (No. 100)

Registration District No. 283  
Primary Registration District No. 4167

File No. 34118  
Registered No.             
St.            Ward           

2. FULL NAME

Dr David A Parker Jr.  
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24<sup>th</sup> 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Fannie E. Parker

22. I HEREBY CERTIFY, That I attended deceased from Aug 23<sup>rd</sup> 1937, to Sept 24<sup>th</sup> 1937. I last saw him alive on Sept 24<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 6:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2nd 1873

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 5 22

Broncho-pneumonia Date of onset 9/21/37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practicing Physician

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) Sept 1937 11. Total time (years) spent in this occupation 36

Other contributory causes of importance: Internal injuries from auto accident 8/21/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna, Ill

Name of operation None Date of             
What test confirmed diagnosis? Chemical Was there an autopsy? No

13. NAME Dr. David A. Parker Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Tenn

15. MAIDEN NAME Susian M. Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Tenn

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/23, 1937  
Where did injury occur? North of Monett, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. On highway  
Manner of injury Automobile ran off highway  
Nature of injury Internal injuries

17. INFORMANT Mrs Fannie E. Parker (ADDRESS) Cardwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home of G. W. Mitchell DATE 9-26-37

19. UNDERTAKER Funeral Home of G. W. Mitchell (ADDRESS) Cardwell, Mo.

20. FILED 10-16-37 Registrar W. W. W. W.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify             
(Signed) Wallace A. Belamy, M. D.  
(Address) Cardwell, Mo.

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

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