NOV 15 1937

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

Do not use this space.

File No. 36980

Registered No. 203

1. PLACE OF DEATH

County: Adair

Township: Clay

City: ..... (No. ..... St. ..... Ward)

Registration District No. 1023

Primary Registration District No. 5006

2. FULL NAME John H. Parsons

(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: M.

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: Louisa Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 9" 1864

7. AGE: Years 73 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

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):

11. Total time (years) spent in this occupation: 65 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox Co. Mo.

FATHER

13. NAME: William Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER

15. MAIDEN NAME: Elizabeth Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Miss Sallie Parsons, Brashear, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Brashear County DATE: Oct. 13" 1937

19. UNDERTAKER (ADDRESS): F. R. Eudy, Brashear, Mo.

20. FILED: Oct. 30 1937 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12" 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1936, to Sept. 18, 1937

I last saw him alive on Sept. 18, 1937. Death is said to have occurred on the date stated above, at 8 A.m.

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

	Date of onset
Apoplexy	

820.1

Other contributory causes of importance: Hardening of the Arteries (arteriosclerosis)

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? ..... 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? .....

If so, specify .....

(Signed) Dr. M. F. Kennedy, M. D.

(Address) Kirksville, Missouri
Route 3 Box 61

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.