

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass  
Township Sherman  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 150 2  
Primary Registration District No. 5214 1

File No. 37381

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Leander Parker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1937, to Oct 5, 1937.

I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 1859  
7. AGE YEARS 78 MONTHS 7 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Arterio Sclerosis

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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 \_\_\_\_\_

Other contributory causes of importance: an

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME Felix R Parker

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury X, 1937  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Indiana

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

15. MAIDEN NAME Coridia Austin

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Illinois

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. W. Galbreath, M. D.

(Address) Union Mo

17. INFORMANT Mrs. J. D. Helms  
(ADDRESS) Edgemoor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cemetery DATE Oct 19 1937

19. UNDERTAKER Robert Arnold  
(ADDRESS) Creighton Mo

20. FILED Nov 1 1937 Mrs. W. C. Cummings  
Register

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

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