

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.

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

Do not use this space.

NOV 22 1937

1. PLACE OF DEATH

County Platte Registration District No. 692
Township Andrew Primary Registration District No. 2919B
City New Market (No. New Market) St. _____ Ward)

File No. 38514

Registered No. _____

2. FULL NAME Susan Ann Parrott

(a) Residence, No. New Market St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF William Miller Parrott (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-16-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 11 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1900 11. Total time (years) spent in this occupation 50

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

13. NAME William Cunningham

14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Owens

16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

17. INFORMANT Miss Lena Parrott (ADDRESS) New Market

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woster Mo DATE Oct/16/37 19

19. UNDERTAKER SHEIL FUNERAL HOME (ADDRESS) 6608 INDEPENDENCE AVE. Kansas City Mo

20. FILED Oct 17 1937 NOT 2/28 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937, to Oct 14, 1937

I last saw her alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 5 P.M.

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

Pneumonia, (lobar) Date of onset 10-11-37

Other contributory causes of importance: Hemiplegic (Right) 10-6-37

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? no

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

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

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) S. L. Duplain M. D.
(Address) Dearborn, Mo.

