

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 2805 Gillham Road)

File No. 44387
5290
Registered No. _____
Ward _____

2. FULL NAME

Matilda Neel Parrish

(a) Residence, No. 2805 Gillham Road 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Wilson Parrish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 5, 1862</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>24</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	11. Total time (years) spent in this occupation <u>2 1/2</u>
	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)	

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

MOTHER FATHER 13. NAME Kaleb Neel

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

MOTHER 15. MAIDEN NAME Katherine Rush

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

17. INFORMANT Samuel W. Parrish
(ADDRESS) 2805 Gillham Road, Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Dec. 31, 1937
Mt. Moriah Cemetery

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Dec 20, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1937 to Dec 29, 1937
I last saw him alive on Dec 28, 1937. Death is said to have occurred on the date stated above, at A. m. 7:20
The principal cause of death and related causes of importance were as follows:

Cardiac Failure Dec 29, 1937
Coronary Arteriosclerosis
Myocardial Degeneration
Chronic Nephritis
Date of onset: Nov. 9, 1937

Other contributory causes of importance: None
Name of operation Physical findings Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____
(Signed) F. Chatur, M. D.
(Address) Kansas City, Mo.

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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.

Prof Beady
Vr 4426