

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

Do not use this space.

**1. PLACE OF DEATH**

County Clinton Registration District No. 204  
 Township Shoal Primary Registration District No. 3013  
 City Cameron (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2464  
 Registered No. 3

**2. FULL NAME**

Lloyd Edmond Parks 120  
 (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**

3. SEX <u>Male</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>Mrs Flora Parks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 9, 1887</u>		
7. AGE <u>50</u>	YEARS <u>5</u>	MONTHS <u>7</u>
DAYS <u>7</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>Painter</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) _____
	11. Total time (years) spent in this occupation _____

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

MOTHER

13. NAME George Parks

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

15. MAIDEN NAME Molly Franklin

16. BIRTHPLACE (CITY OR TOWN) Milan,  
 (STATE OR COUNTRY) Mo

17. INFORMANT Flora Parks,  
 (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL Graceland Cemetery  
 PLACE Cameron, Mo. DATE Jan. 18, 1938

19. UNDERTAKER O. A. Moore.  
 (ADDRESS) Cameron, Mo.

20. FILED Jan 17 1938  
 Registrar. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 - 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Jan 16, 1938  
 I last saw h. l. m. alive on Jan 16, 1938 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis. Date of onset 1/14/38

**RECEIVED**

Other contributory causes of importance:  
FEB 23 1938 942

**BUREAU OF VITAL STATISTICS**  
**MO. STATE BOARD OF HEALTH**  
 Name of operation \_\_\_\_\_ 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) [Signature] (Address) Cameron Mo.

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.

