

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

Do not use this space.

1. PLACE OF DEATH

38 County Lentury Registration District No. 309
 Township Howard Primary Registration District No. 62434
 City (No. _____) St. _____ Ward _____

File No. 2727
 Registered No. 1

2. FULL NAME

Flora Victoria Parsons 625

(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 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 James W. Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-31-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 6

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

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) (STATE OR COUNTRY) Ellenora, Mo.

13. NAME John Hurstford

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

15. MAIDEN NAME Malinda Pickering

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

17. INFORMANT J. W. Parsons
 (ADDRESS) Danvers, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wicks DATE Jan. 8 1938

19. UNDERTAKER W. Brown
 (ADDRESS) Danvers, Mo.

20. FILED Jan. 8 1938 W. F. Masten
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 4 1938 to Jan 7 1938

I last saw her alive on Jan 4 1938 Death is said to have occurred on the date stated above, at 4-A.m.

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

Carcinoma Liver
Primary carcinoma uterus

Date of onset 2 1/2 yrs ago
noted

Other contributory causes of importance: 48
Chronic Valvular Heart Disease

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? No

If so, specify _____

(Signed) J. H. Hachey D.D.

(Address) Danvers Mo.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2727

Do not use this space.

1. PLACE OF DEATH

(a) County Century Registration District No. 309
 (b) Township Howard Primary Registration District No. 5434 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Flora Keturah Parsons
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>House wife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE 19...				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED <u>Mar 11 1938</u> <u>W. G. Masters</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1938

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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) J. B. Hailey M. D.
 (Address) Denver Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED

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

PLACE OF BIRTH



RESIDENT OF THIS STATE

THE DEATH OCCURRED AT

(If different from above)

STATE OF ILLINOIS

PERSONAL AND STATISTICAL PARTICULARS

SEX

DATE OF BIRTH

EDUCATION
HIGHER THAN HIGH SCHOOL
HIGHER SCHOOL
HIGH SCHOOL
LESS THAN HIGH SCHOOL

1938
S-2727

AGE

DATE

PLACE OF BIRTH

NOTATION

1. If the deceased was a resident of this state at the time of death, the death should be reported to the registrar of the county in which the death occurred.

2. If the deceased was a resident of another state at the time of death, the death should be reported to the registrar of the county in which the death occurred, and to the registrar of the state in which the deceased was a resident at the time of death.

3. If the deceased was a resident of this state at the time of death, and the death occurred in another state, the death should be reported to the registrar of the county in which the death occurred, and to the registrar of the state in which the deceased was a resident at the time of death.

4. If the deceased was a resident of another state at the time of death, and the death occurred in this state, the death should be reported to the registrar of the county in which the death occurred, and to the registrar of the state in which the deceased was a resident at the time of death.

5. If the deceased was a resident of this state at the time of death, and the death occurred in another state, and the death was reported to the registrar of the state in which the death occurred, the death should also be reported to the registrar of the state in which the deceased was a resident at the time of death.

6. If the deceased was a resident of another state at the time of death, and the death occurred in this state, and the death was reported to the registrar of the state in which the death occurred, the death should also be reported to the registrar of the state in which the deceased was a resident at the time of death.

7. If the deceased was a resident of this state at the time of death, and the death occurred in another state, and the death was reported to the registrar of the state in which the death occurred, the death should also be reported to the registrar of the state in which the deceased was a resident at the time of death.

8. If the deceased was a resident of another state at the time of death, and the death occurred in this state, and the death was reported to the registrar of the state in which the death occurred, the death should also be reported to the registrar of the state in which the deceased was a resident at the time of death.

9. If the deceased was a resident of this state at the time of death, and the death occurred in another state, and the death was reported to the registrar of the state in which the death occurred, the death should also be reported to the registrar of the state in which the deceased was a resident at the time of death.

10. If the deceased was a resident of another state at the time of death, and the death occurred in this state, and the death was reported to the registrar of the state in which the death occurred, the death should also be reported to the registrar of the state in which the deceased was a resident at the time of death.

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