

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

3973
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Co Registration District No. 775
 (b) Township Perry Primary Registration District No. 6020-A Registered No. 5
 (c) City Ballwin mo (d) Street No. Bonne Terre Hospital 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 PATRICK PARMELEY 654

(a) Residence, No. Mineral Point, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
18 10 3

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.
 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) Mineral Point Mo

FATHER 13. NAME Alford Parmeley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo

MOTHER 15. MAIDEN NAME Bergett Bassler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) old mines Mo

17. INFORMANT (ADDRESS) Alford Parmeley Mineral Point

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi DATE Jan 19 1938

19. FUNERAL DIRECTOR (ADDRESS) Sparks Potosi

20. FILED Jan 28 1938 N. W. Hawkins, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-16-, 1938, to 1-18-, 1938

I last saw him alive on 1-18-, 1938. Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Peritonitis and traumatic shock following bullet wound through stomach Date of onset 1-16-38

Other contributory causes of importance: 154 perforations

Name of operation Repaired stomach perforations Date of 1-16-38

What test confirmed diagnosis? Vision Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-16-1938

Where did injury occur? Washington County Mo (Specify city or town, county and State)

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

Manner of injury Accidental discharge of rifle

Nature of injury Perforation both walls of stomach

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) H. W. Roebber M. D.

(Address) Bonne Terre, Mo.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3973
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1. PLACE OF DEATH

(a) County St. Francois Registration District No. 798
(b) Township..... Primary Registration District No. 6020A Registered No.....
(c) City Osborne (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

Patricia Parmely
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.
18 10 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tiff 1990r
9. Industry or business in which work was done, as saw mill, bank, etc. Tiff mines
10. Date deceased last worked at this occupation (month and year) Nov. 1941 11. Total time (years) spent in this occupation 21

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 Mar. 24 1938 M. W. Hawkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., 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) H. M. Raebber, M. D.

(Address).....

SUPPLEMENTARY

1938
S-3973