

REC'D MAR 17 1938

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

Do not use this space.

6924

46 1. PLACE OF DEATH
County Houssler 3 1 Registration District No. 384
Township West Plains Mo 4 Primary Registration District No. 4227
City West Plains Mo (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth J. 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. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF E. M. Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1859

7. AGE YEARS 77 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 77

12. BIRTHPLACE (CITY OR TOWN) West Plains Mo (STATE OR COUNTRY) MONTGOMERY Co, INDIANA

FATHER 13. NAME J. B. Bowers

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT E. M. Parsons (ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Transylvania DATE 11-30-1937

19. UNDERTAKER Rebutor Mortuary (ADDRESS) _____

20. FILED 3-2 1938 Vida K. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937, to Nov 17, 1937.
Was alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Chronic valvular disease of heart

Other contributory causes of importance: 92

Date of onset _____

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) E. J. H. Brown M. D.
(Address) West Plains 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.

