

DEC 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township
City Neosho (No. , St. Ward)

Registration District No. 609
Primary Registration District No. 4363

File No. 7573
Registered No. 17

2. FULL NAME John William Parsons 605

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

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Elizabeth Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 10 5

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Fort Scott Kansas

FATHER MOTHER

13. NAME George A. Parsons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Arkansas

15. MAIDEN NAME Minerva Willie

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

17. INFORMANT (ADDRESS) Mrs Elizabeth Parsons Neosho, Mo.

18. ~~BIRTHPLACE~~ OR REMOVAL

PLACE Fredonia Kans. DATE 2/21/38

19. UNDERTAKER (ADDRESS) Corley Thompson Neosho Mo.

20. FILED 2-28 1938 Oneasale Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-20-38, 19, to, 19,

I last saw h. alive on 2-19-38, 19. Death is said to have occurred on the date stated above, at 4:40 P.M.

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

Hyperstatic pneumonia
duration about three days

Date of onset

Other contributory causes of importance:

Chronic infectious arthritis

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) Oneasale, M. D.
(Address) Neosho, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 13 1949

MAY 31 1949