

REC'D MAY 9 1938

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

Do not use this space.

13565

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1545
Township Law Primary Registration District No. 1002 Registered No. 1545
City St. Louis (No. Research Hospital St. Ward)

2. FULL NAME

Mrs. Nettie Parrish
(a) Residence, No. 4300 Jefferson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female 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 Delat Parrish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Eds Colorado13. NAME Grace Spain14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri15. MAIDEN NAME Maitha Cunniff16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Missouri17. INFORMANT Delat Parrish
(ADDRESS) 4300 Jefferson St., Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lat-mough DATE April 11 193819. UNDERTAKER W. H. Lupton & Son
(ADDRESS) 1000 E. 11th St., Kansas20. FILED Apr 10 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 193822. I HEREBY CERTIFY, That I attended deceased from 12-11 1937, to 4-10 1938

I last saw her alive on 4-9 1938. Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus with Multiple Metastases
Date of onset 1/1

Other contributory causes of importance:
Intestinal Obstruction

Name of operation Lap. Hysterectomy Date of 7-18-37
What test confirmed diagnosis Microscopic Was this 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) Ralph D. Myers, M. D.
(Address) 815 Shubert Bldg. Kansas City 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.

