

REC'D MAY 13 1938

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

Do not use this space.

15973

1. PLACE OF DEATH

County Schuyler
Township Chariton
City Coatsville (No.)

Registration District No. 807
Primary Registration District No. 6052

File No.
Registered No. 2 St. Ward)

2. FULL NAME Regey Ann Parish 620

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
One Five Eighteen

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coatsville, Mo.

FATHER 13. NAME Otto Parish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Co. Mo.

MOTHER 15. MAIDEN NAME Bernice Mullerix

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coatsville, Mo.

17. INFORMANT Mrs. Otto Parish (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Coatsville DATE Mar. 30, 1938

19. UNDERTAKER True Morehead (ADDRESS) Lancaster Mo.

20. FILED 8/30 1938 Clarence J. Hall Registrar. 717

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1938, to Mar 29, 1938

I last saw her alive on Mar 29, 1938. Death is said to have occurred on the date stated above, at 2.30 p.m.

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

Lobar Pneumonia

Other contributory causes of importance: 104

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) A. J. Johnson, M. D.

(Address) Shelwood Mrs

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.

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