

REC'D JUL 19 1938

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

Do not use this space.

21704

35058

1. PLACE OF DEATH

County Crawford

Township Oak Hill

City Oak Hill

Registration District No. 234

Primary Registration District No. 3319

File No.

Registered No.

2. FULL NAME

William Edward Parsh

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd, 1938

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

Laura Parsh

22. I HEREBY CERTIFY, that I attended deceased from Jan 7th, 1938 to July 2nd, 1938

I last saw him alive on July 17th, 1938 Death is said to have occurred on the date stated above, at 2:00Am.

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

Cerebral Hemorrhage

Date of onset

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

July 10th, 1862

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day,hrs. ormin.

75

11

22

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

Farmer

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)

Moberly, Missouri

13. NAME

UNKNOWN

14. BIRTHPLACE (CITY OR TOWN)

UNKNOWN

15. MAIDEN NAME

UNKNOWN

16. BIRTHPLACE (CITY OR TOWN)

UNKNOWN

17. INFORMANT

Mrs. W. E. Parsh

(ADDRESS)

Oak Hill, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill

DATE July 4th

1938

19. UNDERTAKER

Jas. H. Hollow,

(ADDRESS)

Cuba, Missouri

20. FILED

19

Registrar.

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis

Clinical

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)

Justus G. Hollow, M.D.
Cuba, Miss.

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N. B. - If the cause of death is not clearly stated, it 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.

BY
DATE

NO. 1000

SECTION

15
18

CTOR
ATION
18

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21704

Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 234
(b) Township Oak Hill Primary Registration District No. 5319 Registered No.
(c) City (d) Street No.
(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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Parsh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-10-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 11 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Moberly

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. W. E. Parsh Oak Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE July 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Jas. E. Holloway Cuba Mo

20. FILED Feb. 14, 1938 Ms. Lillian Rodgers Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938
22. I HEREBY CERTIFY That I attended deceased from Jan 2 to July 2, 1938
I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis Clinical 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 Stustave Herzog, M. D.
(Signed) Cuba (Address) Cuba

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DUPLICATE

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT

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