

REC'D JUL 11 1938

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

Do not use this space.

21890

## 1. PLACE OF DEATH

County Greene  
Township Brookline  
City Brookline (No.         )

Registration District No. 317  
Primary Registration District No. 5441  
Brookline no.         

File No.           
Registered No.           
St.          Ward         

2. FULL NAME Willis B. Parker

(a) Residence, No. Brookline Mo. St.,          Ward. 636-  
(Usual place of abode)

(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

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 Rebecca Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 2 15

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

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

10. Date deceased last worked at this occupation (month and year) June 1-1938 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 413. NAME Not known 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 915. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Rebecca J. Parker  
Brookline Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hazlewood DATE June 24 3819. UNDERTAKER (ADDRESS) J. W. Klingner & Co.  
Springfield Mo.20. FILED June 25 1938 Mrs. Bertha Nann  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1938

22. I HEREBY CERTIFY That I attended deceased from June 1- 1938, to June 23- 1938  
I last saw him alive on June 23- 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral hemorrhageDate of onset 6/1-38

Other contributory causes of importance:

Arteriosclerosis 4/1-35Name of operation          Date of         What test confirmed diagnosis? Cerebral Was there an autopsy? Yes23. 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? NOIf so, specify         (Signed) E. M. LeCompte, M. D.(Address) Brookline Station Mo

2. 5. 1

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.

