

REC'D JUL 20 1938

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

Do not use this space.

21959

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Leesville Primary Registration District No. 5501A
City Clinton (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Henry G Parks
(a) Residence, No. _____ St. _____ Ward _____

(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 Jessie Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 24

8. Trade, profession, or particular kind of work done, as splaner, 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo

13. NAME Wm Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Lizzie Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Jessie Parks (ADDRESS) Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Parks City DATE 6-16-38

19. UNDERTAKER Fred Williams (ADDRESS) Clinton Mo

20. FILED 6-20 1938 D. B. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-38

22. I HEREBY CERTIFY, That I attended deceased from 3-14-38 to 6-14-38

I last saw him alive on 6-14-38 Death is said

to have occurred on the date stated above, at 12:00 PM

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

Chronic Myocarditis
93C
Other contributory causes of importance:

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 _____, 1938

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) James O Smith, M. D.
(Address) Clinton 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.

