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

REG'D JUL 25 1938

Do not use this space.

File No. 23212

Registered No.

1. PLACE OF DEATH
County North
Township Union
City (No. 6215 St. Ward)
Registration District No. 904
Primary Registration District No. 4-5-4-6

2. FULL NAME Grant Parker 416

(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 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24. 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	4	6	

OCCUPATION

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

FATHER
13. NAME Cornelius Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

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

17. INFORMANT (ADDRESS) Mrs Dick Wake. Sheridan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheridan Cemetery DATE 6/2 1938

19. UNDERTAKER (ADDRESS) Long Bros. Sheridan Mo

20. FILED June 2, 1938 Mrs R. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1938, to 5-30, 1938
I last saw h.im alive on 5-30, 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum, Jaundice, Vomiting extending over week right side of head.	1936
	45

Other contributory causes of importance:
Epistaxis Hemorrhage from Lungs before death

Name of operation Date of
What test confirmed diagnosis? Was there 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) R. H. Bond M. D.
526 (Address) Brunswick, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD