

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

25987
Do not use this space.

1. PLACE OF BIRTH 95 98
 (a) County Morgan Registration District No. 971
 (b) Township Mill Creek Primary Registration District No. 4578 Registered No. 7
 (c) City Syracuse (d) Street No. _____ St. _____
 (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 Augusta S. Parsons
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 H.E. Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 2-1872

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hra. ormin. |
| | 65 | 9 | 23 | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) February 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Mo.

FATHER
 13. NAME J.L. Bridges
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Elizabeth J. Austin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mildred Parsons
 (ADDRESS) Syracuse, Mo

18. BURIAL, CREMATION, OR REMOVAL no
 PLACE Syracuse DATE 7-27-38

19. FUNERAL DIRECTOR James E. Richards
 (ADDRESS) Tipton Mo

20. FILED 7-28-38 Omur & Hardy
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to July 25, 1938
 I last saw her alive on July 25, 1938. Death is said to have occurred on the date stated above, at 9:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
Metastases to other organs
 Date of onset _____

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 _____, 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) J.P. Norman, M. D.
 (Address) Tipton Mo

V. S. No. 2. 30M-7-20-37 I X12004
 MARION RESERVED FOR BIRMINGHAM
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

STATEMENT BY LICENSED EMBALMER

I, Jemee - E - Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Jemee - E - Richards.
Licensed Embalmer No. 2466

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)