

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.

61-1300
SEP 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 27766
Township Raw Primary Registration District No. 002 Registered No. 3077
City K.C. Mo. (No. St. Joseph Hospital St. _____ Ward _____)

2. FULL NAME

Mrs Ellen Parmenter
(a) Residence, No. Hamilton, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1862

7. AGE YEARS 76 MONTHS 1 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Saldwell Co Missouri

13. NAME George Rymal

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

15. MAIDEN NAME Lib Mc Leland

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

17. INFORMANT Mrs. C. A. Seitter
(ADDRESS) Hamilton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton Mo. DATE July 3 1938

19. UNDERTAKER St. Joseph Hospital
(ADDRESS) Hamilton Missouri

20. FILED Aug 2 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1938, to Aug 7 1938

Last saw her alive on Aug 7 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

① Fracture, left femur
② Cardio renal hypertensive heart disease with left ventricular failure
③ Pulmonary infarct
Other contributory causes of importance: _____
Date of onset 210711

Name of operation Open Reduction Date of _____ Aug 1 1938

What test confirmed diagnosis? X-ray Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7/12 1938

Where did injury occur? Hamilton, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Auto accident on side walk.

Manner of injury Pedestrian

Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify _____

(Signed) Herrett Pipkin M. D.

(Address) 1318 Bryant Bldg - K.C. Mo

