

NOV 25 1938

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

37093  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County Wernon Registration District No. 875  
(b) Township Washington Primary Registration District No. 6167  
(c) City St. Louis (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. 11:ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 261

## 2. PRINT FULL NAME

- 1630  
(a) Residence, No. Wagon Washington Parks  
State Hospital # 3 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 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 Martha Elizabeth (Barnes) Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80 0 21

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer (retired)  
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)  
11. Total time (years) spent in this occupation 135

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co. Mo. 8

- FATHER 13. NAME Jno. H. Parks 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 1

- MOTHER 15. MAIDEN NAME Zella King

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

17. INFORMANT (ADDRESS) Sara W. Parks  
Brownington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope Burm. DATE 10-18-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred W. Kirkman  
Clinton Mo.

20. FILED 10/18, 1938 Allen V Deary  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1938, to Oct 18, 1938

I last saw him alive on 11.11.1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Arteriosclerosis

Date of onset

9

Other contributory causes of importance:

lobar pneumonia5 daysName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical 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) T. J. O'Connell, M. D.795 (Address) Meru, Mo.

DEPARTMENT OF HEALTH  
DIVISION OF BUREAU OF HEALTH  
BUREAU OF HEALTH OFFICERS

RECEIVED

District Health Officer No. 7,

District File Number 7-38-301

Date Filed 11-3-38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**