

DEC 19 1938

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

39128  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Butte Registration District No. 312  
 (b) Township 1 Primary Registration District No. 4188 Registered No. \_\_\_\_\_  
 (c) City King City (d) Street No. \_\_\_\_\_  
 (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.  
 625  
 2. PRINT FULL NAME Fannie Elizabeth Parsons  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

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 Wm E Parsons  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25 1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 8 5  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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 \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butte Co Mo.  
 FATHER 13. NAME Mr Donald Fountain  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Illinois  
 MOTHER 15. MAIDEN NAME Julia Ann Mc Neal  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Indiana  
 17. INFORMANT (ADDRESS) Mrs Wm E Parsons King City Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stone DATE Dec 2 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Brooks Funeral Home Albany Mo  
 20. FILED 12/11 38 Donald S. Sauty Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1938 to Nov. 30, 1938  
 I last saw h. or alive on Nov. 30, 1938. Death is said to have occurred on the date stated above, at 11:50 A.M.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy 92 yr 11/29/38  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. S. Blacklock, M. D.  
 994 (Address) King City, 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.

STATEMENT BY LICENSED EMBALMER

I, C. Clifford Brooks, Licensed Embalmer No. 3329  
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 C. Clifford Brooks  
Licensed Embalmer No. 3329

**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.)**