

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.

REC'D DEC 21 1938

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

Do not use this space.

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township 1 Primary Registration District No. 5800
 City New Madrid (No. 4357)
 2. FULL NAME 654 Cassie Parnell
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 30873
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lige Parnell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 64
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Lake County Tenn.
 MOTHER
 13. NAME Melvin Abbott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk
 15. MAIDEN NAME Unk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk
 17. INFORMANT Lige Parnell
 (ADDRESS) New Madrid, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Madrid DATE Nov 29 1938
 19. UNDERTAKER Richard Hurd Co.
 (ADDRESS) New Madrid, Mo.
 20. FILED Nov 13 1938 Wm. D. O'Bannon
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1938
 22. I HEREBY CERTIFY, That I attended deceased from 5/1 1935 to 11/28 1938
 I last saw her alive on 11/28 1938 Death is said to have occurred on the date stated above, at 10:20 m.
 The principal cause of death and related causes of importance were as follows:
(1) CARCINOMA RECTUM
 Other contributory causes of importance: 4/6
 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) Wm. M. Johnson, M. D.
 (Address) PA 43 New Madrid, Mo.

