REC'D MAR 13 1939

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

6581

Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2001
Registered No. 176
(d) Street No. 423 W. Kenwood 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Donna Isabelle Parvin
(a) Residence, No. 423 W. Kenwood Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF Issiac M. Parvin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1857
7. AGE Years 81 Months 11 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Van Buren Co. (STATE OR COUNTRY) Iowa

FATHER
13. NAME William Brady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Y. U.S.A.

MOTHER
15. MAIDEN NAME Ann Stebbins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Y. U.S.A.

17. INFORMANT George H. Frame
(ADDRESS) 423 W. Kenwood

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Salem, Iowa DATE Mar 7, 1939

19. FUNERAL DIRECTOR (NAME) H. G. Thrime
(ADDRESS) Springfield Mo.

20. FILED Mar 1, 1939 Chas A. George M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1939, to Feb 26, 1939
I last saw her alive on February 16, 1939. Death is said to have occurred on the date stated above, at 12 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

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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) Thos. J. Brady, M. D.
(Address) 4301 E. Cowell Ave.

Licensed Embalmer's Statement on Reverse Side)

NOTE: 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.

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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, ...
Ralph Thieme, or by .....
Registered Apprentice No....., working under my personal supervision.

Signed Ralph Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

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

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