

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

Do not use this space.

REC'D APR 19 1939

1. PLACE OF DEATH

County Miller Registration District No. 565
 Townshp. Blaine Primary Registration District No. 5761a
 City Wilmath (No. 1) St. _____ Ward _____

File No. 11582

Registered No. 19

2. FULL NAME Matilda Adeline Parsons

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. UNMARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Henry Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 15

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... 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunley Mo.

13. NAME William C. Berry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Virginia

15. MAIDEN NAME Louvinia Jane Shelton

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

17. INFORMANT (ADDRESS) John Parsons

18. BURIAL, CREMATION OR REMOVAL PLACE Baltz Graveyard DATE March 22, 1939

19. UNDERTAKER (ADDRESS) none

20. FILED Mar. 30, 1939 CR Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939 to March 20, 1939

I last saw her alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at 12 a. m.

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

Myocarditis (Chronic) 1934
Bronchitis (Chronic) 1920
Acute Influenza Feb. 5, 1939

Other contributory causes of importance: None

Name 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) Myron D. Jones
Brunley, Mo. (Address)

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.

WHIT-OP-ADMS-INK-THIS IS A PERMANENT RECORD

RECEIVED

Miller County Health Dep't.

County File Number 39-53

Date Filed 4-12-39