REG'D MAY 10 1939

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

Do not use this space.

14065

File No. 1819

Registered No.

1. PLACE OF DEATH

County: Jackson

Registration District No.: 399

Primary Registration District No.: 1002

Township: Blue

City: Kansas City (No. Leeds Hospital St. Ward)

2. FULL NAME: 630 Earnest Parrett

(a) Residence, No. 719 W 18th St. 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.

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: Lavota Parret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 4-1910

7. AGE: Years 28 Months 5 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

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): Kansas

FATHER

13. NAME: Henry Parret

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Rosie Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

17. INFORMANT (ADDRESS): K. C. Mo. J. B. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenlawn DATE: 5-1 1939

19. UNDERTAKER (ADDRESS): H. Tyerman & Son

20. FILED: May 1 1939 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1938 to Apr 28 1939

I last saw him alive on Apr 28 1939 Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
PULMONARY TUBERCULOSIS	1937
23	
Other contributory causes of importance:	
TUBERCULOUS EMPYEMA	1938
SPONTANEOUS PNEUMOTHORAX	1938

Name of operation: — Date of:

What test confirmed diagnosis? X-RAY Sputum 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?

If so, specify

(Signed) [illegible] M. D.

(Address) Kansas City Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X9314

Na 5985

2000