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.

REG'D MAY 19 1939

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

Dr J. P. Ingels

Do not use this space.

1. PLACE OF DEATH

County Jefferson — Registration District No. 420 — File No. 15224

Township Vatte — Primary Registration District No. 3022 — Registered No. 27

City Desoto (No. ..... St. ..... Ward)

2. FULL NAME 626 Barbera Melissie Parker

(a) Residence, No. ..... Desoto St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1856

7. AGE — YEARS 82 — MONTHS 11 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

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) Indiana

FATHER

13. NAME Tom. Parks.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenasee

MOTHER

15. MAIDEN NAME Barbera Frye.

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

17. INFORMANT (ADDRESS) Ed. Parker Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Layne Cem DATE 4-29 1939

19. UNDERTAKER (ADDRESS) Sparks Md Co Elvira Mo

20. FILED 5-5 1939 Jennie Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 26, 1939

I last saw her alive on Apr 26, 1939 Death is said to have occurred on the date stated above, at 8 A.m.

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

	Date of onset
Pneumonia (lobar)	Apr 7

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Other contributory causes of importance:

arteriosclerosis — unknown
chronic nephritis

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? no

If so, specify .....

(Signed) J. P. Ingels, M. D.

(Address) De Soto, Mo

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