JUL 13 1939

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

22792
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid 2
(b) Township or City Portageville 1
Registration District No. 607
Primary Registration District No. 5806
Registered No. 37
(c) City Portageville
(d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Boy Charley Parrow
(a) Residence, No. Portageville 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16, 1938
7. AGE: Years ..... Months 6 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Infant
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) (STATE OR COUNTRY): Portageville, Mo

FATHER
13. NAME: Robert Parrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baton Rouge La.

MOTHER
15. MAIDEN NAME: Hattie Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hayes Miss.

17. INFORMANT (ADDRESS): Robert Parrow Portageville, Mo
18. BURIAL, CREMATION, OR REMOVAL: New Prospect
PLACE Portageville DATE June 12, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Friends
20. FILED June 12, 1939 Mary W. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 12, 1939
I last saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis (Bacillary Dysentery)	6-8-39
Other contributory causes of importance: Starvation due to improper feeding	Dec 1938

Name of operation: None Date of
What test confirmed diagnosis? None 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) Raymond C. Conrad M. D.
(Address) 535 Portageville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1-X18605

RECEIVED
District Health Officer No. 2
District File Number 739-48
Date Filed 7-1

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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