REC'D SEP 20 1939

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

Do not use this space.

File No. 28843

Registered No. 50

1. PLACE OF DEATH
County: Cedar
Township:
City: Eldorado Springs (No. 625 St. Ward)

Registration District No. 163
Primary Registration District No. 4095

2. FULL NAME: Samuel Parkinson

(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. 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-27-1867

7. AGE: Years 71 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter (Retired)
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): Ills

FATHER
13. NAME: Thomas Parkinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills

MOTHER
15. MAIDEN NAME: Julia Sampson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT: Elijah Parkinson
(ADDRESS) Eldorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: Aug-19, 1939

19. UNDERTAKER: Gwinn Sides
(ADDRESS) Eldorado Springs Mo

20. FILED 8-19-, 1939 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-18-, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939, to Aug 18, 1939
I last saw him alive on Aug 18, 1939. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Amebic Dysentery	

Other contributory causes of importance:

Name of operation: 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?
If so, specify
(Signed) J. W. Dawson, M. D.
(Address) Eldorado Springs

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.

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

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1796
Date Filed 9-7-39