

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 OCT 20 1939

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

Do not use this space.

32613

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No.
 Township Prager Primary Registration District No. 3353B Registered No. 173
 City Lee's Summit (No. R 70) St. Ward)

2. FULL NAME

William Parry
 (a) Residence, No. Lee's Summit 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret B. Parry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1865</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Feb 1938</u>		11. Total time (years) spent in this occupation <u>all</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee's Summit Mo</u>		
13. NAME <u>Thomas Parry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>		
15. MAIDEN NAME <u>Janett Calhoun</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>		
17. INFORMANT (ADDRESS) <u>Margaret Parry Lee's Summit Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lee's Summit</u> DATE <u>Sept 6 1939</u>		
19. UNDERTAKER (ADDRESS) <u>M. B. Dangersford Lee's Summit Mo</u>		
20. FILED <u>9/8/1939</u> <u>David E. Boone</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1938, to 9-4 1939
 I last saw him alive on 9-4 1939. Death is said to have occurred on the date stated above, at 9:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical as 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) [Signature] M. D.
 (Address) Lee's Summit Mo.

OCCUPATION

FATHER

MOTHER

