

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.

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

39061
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 1 Registration District No. 85

(b) Township Washington Primary Registration District No. 1001 Registered No. 1195

(c) City St. Joseph, Mo. (d) Street No. State Hospital # 2 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. 3 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Parrett

(a) Residence, No. State Hospital # 2, Buchanan Co., Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 Frank Parrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

61 years 5 16

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

9. Industry or business in which work was done, as saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation amb.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

FATHER

13. NAME James Kinley Ferrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Tennessee

MOTHER

15. MAIDEN NAME Louisa Bell Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Jack Logan, Deadborn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hallett, Mo. DATE Nov. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Balslev & Brown, 319 So. 10th - Funeral Home

20. FILED Nov. 22, 1939 B. J. Neetlepuck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939, to Nov. 20, 1939.

last seen alive on Nov. 20, 1939. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Broucho Pneumonia
Unresolved

Date of onset 11-7-39

Other contributory causes of importance:
Generalized Arteriosclerosis

Name of operation none 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? no. 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) Donald H. Breit M. D.
 (Address) State Hosp # 2

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 Nov, 20, 19

....., Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerville

Licensed Embalmer No. 5007

P. O. Address 319 E. 10 St Joseph Mo

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.