FILED JAN 15 1941

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

Do not use this space.

791 1 6

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 40227

Township ..... Primary Registration District No. ..... Registered No. 9998

City St. Louis (No. ....., Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Wylie Clarence Parsons N.R.

(a) Residence, No. Corso, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	4	6	

OCCUPATION

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

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) Corso Missouri 6

FATHER

13. NAME David Franklin Parsons 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Martha Leuallen

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

17. INFORMANT (ADDRESS) Mrs. Myrtle Parsons Corso, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olney, Mo. DATE 12/6/40, 19

19. UNDERTAKER (ADDRESS) Albert H. Hoppe 4700 Washington Ave.

20. FILED DEC 5 1940 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-26-40, 19..., to 12/4-40, 19...

I last saw h— alive on 12/4-40, 19..... Death is said to have occurred on the date stated above, at 4:45 P.m.

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

Tumor of Brain - Left Frontal Lobe Non Malignant

Date of onset

5 40

Other contributory causes of importance:

Pneumonia Lobular

Name of operation Craniotomy Date of 11-30-40

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? No Date of injury No, 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) R. K. Andrews, M. D.

(Address) 4932 Maryland

*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.

Enclosure C