

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

Do not use this space.

FILED MAR 14 1941

6705

1. PLACE OF DEATH

County Clinton

Registration District No. 206

File No. 25

Township Lathrop

Primary Registration District No. 4124

Registered No. 622

City Lathrop (No. 1)

St. 0 Ward 0

2. FULL NAME

NANNIE ANN PARKS

(a) Residence, No. LATHROP MO St. 0 Ward 0

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FEMALE

WHITE

SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8, 1941

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

22. I HEREBY CERTIFY, That I attended deceased from Jan-2-41, 1941, to Feb-3-41, 1941. I last saw her alive on Feb-3-41, 1941. Death is said to have occurred on the date stated above, at 1.45Pm.

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

APRIL 28, 1862

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

9

20

Date of onset 2-1-41

OCCUPATION

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

Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housekeeping

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

11. Total time (years) spent in this occupation

Structure of tumor, 120

Other contributory causes of importance:

Osteo Sarcoma of femur
Diabetes mellitus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clinton County, Mo

FATHER

13. NAME

William D. Parks

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

Clinton County, Mo

MOTHER

15. MAIDEN NAME

GEMINA CHANEY

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

Mo

17. INFORMANT (ADDRESS)

Mrs Jennie Hartman Lathrop Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lathrop

DATE

2/10, 1941

19. UNDERTAKER (ADDRESS)

DeMoss ERUNK Lathrop, Mo

20. FILED

2-10-41

E. B. Dunsen

Registrar

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? accident Date of injury 2-1-41

Where did injury occur? in home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall

Nature of injury Structure of femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. B. Dunsen, M. D.

(Address) Lathrop Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

