FILED SEP 18 1941

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

Do not use this space.

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1. PLACE OF DEATH
County: Scotland
Township: Harrison
City: / (No. , St. Ward)

Registration District No. 809
Primary Registration District No. 6054

File No.
Registered No.

2. FULL NAME: Louisa Parrish

(a) Residence, No. Gorin, 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: 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: Robert A. Parrish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Knox County, Mo

FATHER

13. NAME: Page Snelling
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Lucinda McMillen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mr. R. A. Parrish Gorin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove DATE: Aug. 18, 1941

19. UNDERTAKER (ADDRESS): Gerth & Bosiert Gorin Mo

20. FILED: Sept 5, 1941 Mark Shackelford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1940 to Aug 17th 1941
I last saw her alive on Aug 16 1941. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	8-1-41

124 B

Other contributory causes of importance:

Mitral Regurgitation	5 years
Cirrhosis of Liver	

Name of operation: None Date of: /
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? / 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) F. M. Johnson, M. D.
(Address) Gorin Mo

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

I X9314

Ihereby certify that I embalmed the body of
Mrs Louisa Parrish My license number is 1817

Geo V. Burkett
Wyanda
Okla

RECEIVED
District Health Officer No. 10
District File Number 9-41-1602
Date Filed SEP - 8 1941