

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

Do not use this space.

20468

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
 Township..... Primary Registration District No. 3018  
 City Clinton (Name)..... St. .... Ward)

File No.....  
 Registered No. 78  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
22 10 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) in own home  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm B Parks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co, Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Neely B Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

14. INFORMANT Kapelo Forsyth  
 (Address) Clinton Mo

15. June 14 28 Dr. E. C. Peelor  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. HEREBY CERTIFY, That I attended deceased from June 2 1928, to June 13 1928, that I last saw him alive on June 13 1928, and that death occurred, on the date stated above, at 10 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia from fecal tube  
followed by 139  
Peritonitis 36  
 (duration) .... yrs. .... mos. .... da. 12-9

CONTRIBUTORY (SECONDARY) 138  
 (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, Henry Co

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 9 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) W. J. Stillman, M. D.

, 19 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL June 15 1928

20. UNDERTAKER Sporey Son ADDRESS Clinton 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.

25 1928

