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 9

Do not use this space.

8416

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 1270
Township Blue — Primary Registration District No. — Registered No.
City Independence (No. R.R. No 2 Industrial Hosp. St. ..... Ward)

2. FULL NAME Robert L. Parker
(a) Residence. No. R.R. No 2 Ind. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-27
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 7 hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) R.C. (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Ora Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Johanna Rahen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark
14. INFORMANT Ora Parker (Address) R.R. No 2 Ind Mo
15. FILED 3/27, 1927 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1927
17. I HEREBY CERTIFY, That I attended deceased from March 26, 1927, to 3/26, 1927, that I last saw him alive on 11 ..., 1927, and that death occurred, on the date stated above, at 5:00 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth
159 161 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
(a) DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
3/26, 1927 (Signed) N. L. Jesson, M. D. (Address) 909 Rialto

*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 Forest Hill — DATE OF BURIAL March 28 1927
20. UNDERTAKER Rose & Co — 15 ADDRESS Jackson

15
3-27-27
7-06-09
8-21-19