

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

Do not use this space.  
362402

1. PLACE OF DEATH

County Cass Registration District No. 150  
Township Sherman Primary Registration District No. 5214  
City Craigton (No. ....) St. .... Ward .....

File No. ....  
Registered No. ....

2. FULL NAME

Benjamin Austin Parker  
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

1. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

DATE OF BIRTH (MONTH, DAY AND YEAR) 79 3 11

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE (CITY OR TOWN) Westfield  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Delia R. Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Vincent  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Cinder Austin

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

INFORMANT Otto Parker  
(Address) Craigton Mo

15. FILED Jan 19 1928 E. M. Griffith  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1927

I HEREBY CERTIFY That I attended deceased from July 1 1927 to Dec 30 1927  
that I last saw him alive on Dec 30 1927, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancerous Rectum  
41.0 C

41.0 D  
167 4 5 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) see supplement  
prev. page (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edgar M. Griffith, D

, 19 (Address) Craigton, 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 DATE OF BURIAL

Parker Cemetery Jan 1 1928

20. UNDERTAKER R. B. Arnold ADDRESS Craigton Mo

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cass Registration District No. 150 File No. \_\_\_\_\_  
 Township Sherman Primary Registration District No. 5214 Registered No. \_\_\_\_\_  
 City Creighton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Benjamin Austin Parker  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 21, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 3 4 10 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Westfield Ill  
 (STATE OR COUNTRY) Clark Co.

10. NAME OF FATHER Felix R Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Adria Austin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs. Etta Parker Godrum  
 (Address) Creighton, Mo.

15. FILED Jan 1 1928 Mrs. J. R. Lyles REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 29 to Dec 29, 1927, that I last saw him alive on Dec 29, 1927, and that death occurred, on the date stated above, at 6 - 0 - 0 a.m.

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

Old age  
Intestinal Cancer  
 (duration) yrs. mos. da. \_\_\_\_\_  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) E. M. Griffith, M. D.  
 , 19 (Address) Creighton 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 Parker Cemetery DATE OF BURIAL Jan 1 1928

20. UNDERTAKER R. B. Arnold ADDRESS Creighton Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH

