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

Do not use this space.

1. PLACE OF DEATH.

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. 1319 a Biddle St. ..... Ward)

File No. 42813

Registered No. 12076

2. FULL NAME Hester A. Parker

(a) Residence. No. 1319a Biddle St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Cue	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11 - 1 - 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER James Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Alice Cheatham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) South Carolina
(STATE OR COUNTRY) South Cor.

14. INFORMANT William Parker
(Address) 1319a Biddle

15. FILED DEC 12 1928 Max C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 9 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1928, to Dec 9th, 1928 that I last saw her alive on Dec 9th, 1928, and that death occurred, on the date stated above, at 4 20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

97A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G. W. Holt, M. D

, 19 (Address) 932 N 14th St

*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
Washington Park	12-12-1928
20. UNDERTAKER	ADDRESS 3100
Peoples Und	Franklin

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD