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

Do not use this space.

7406

MAR 25 1929

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.

1. PLACE OF DEATH

County Newton — Registration District No. 612 — File No.

Township Van Buren — Primary Registration District No. 5814 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Orval Warren Parks

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 20 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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 4 1929

7. AGE — YEARS: — MONTHS: 1 — DAYS: 26 — If LESS than 1 day, ... 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): Child
(c) Name of employer: Child

9. BIRTHPLACE (CITY OR TOWN): Newton
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Emmett Parks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Ann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri

14. INFORMANT: E. A. Parker
(Address): Westmoreland Mo

15. FILED 3/9 1929 L. P. Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1929, to Feb. 20, 1929, that I last saw him alive on Feb. 18, 1929, and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion
118C
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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) [signature], M. D.
Feb. 19, 1929 (Address) Lawrence 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: Pancoast Cem — DATE OF BURIAL: Feb 21 1929

20. UNDERTAKER: Pancoast Fund Unit — ADDRESS: Lawrence Mo