

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

Do not use this space.

9122

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson

Registration District No. 810
Primary Registration District No. 6050

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Marian F. Parabaugh
(a) Residence No. _____ Ward _____
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1929, to Feb 9, 1929, that I last saw her alive on Feb 5, 1929, and that death occurred, on the date stated above, at 12 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
119
108

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5 94

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

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

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) Jane Smith, M. D.
2/14, 1929 (Address) Memphis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whiteville country Ill.

10. NAME OF FATHER Nathan Parabaugh

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

12. MAIDEN NAME OF MOTHER Mattha Mitchell

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

14. INFORMANT Mrs. Sarah Parabaugh
(Address) Memphis Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clark cemetery
DATE OF BURIAL 2/7 1929

15. FILED 2/15 29 E. E. Gerrard REGISTRAR

20. UNDERTAKER H. W. Payne Sons
ADDRESS Memphis

shell
MAR 27 1929
Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information must be given.

