

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

Do not use this space.

39328

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 3038
 City (No. 6039) St. _____ Ward _____

File No. _____
 Registered No. 174

2. FULL NAME

Benjamin Franklin 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 - 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>7</u>	<u>28</u>	

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) Hury Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Benjamin G. Parker

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

12. MAIDEN NAME OF MOTHER Widower

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

14. INFORMANT J. T. Parker
 (Address) Marshall Mo.

15. FILED 11-22, 1929 Mr. John H. McLeire
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1929 to Nov 15, 1929
 that I last saw him alive on Nov 15, 1929, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic prostatitis and cystitis
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY Uremia
 (SECONDARY) (duration) _____ yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Arizona

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory
 (Signed) D. Manning, M. D.

11/15, 1929 (Address) Marshall, 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 Hopwell Cem. DATE OF BURIAL Nov 17 1929

20. UNDERTAKER J. N. Campbell ADDRESS Marshall

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.

97
1929

10/10/1951