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

Do not use this space.

41464

1. PLACE OF DEATH

County: Monroe — Registration District No. 578 — File No.

Township: Monroe — Primary Registration District No. 4740 — Registered No.

City: Holliday (No. ..... St. ..... Ward)

2. FULL NAME Dora Helen Divers

(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	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	white	widowed

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

6. DATE OF DATH (MONTH, DAY AND YEAR) 11/14/1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	0	30	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe Co. Mo.

PARENTS

10. NAME OF FATHER J. H. Parrish.

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

12. MAIDEN NAME OF MOTHER Nancy Sudow

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

14. INFORMANT Tom Farrell
(Address) Holliday Mo

15. FILED 12/14 1929 Logan Omer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/13 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1929 to Dec 13, 1929 that I last saw her alive on Dec 13, 1929 and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
8 D
97
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) arterio Sclerosis
(duration) 10 yrs. ..... mos. ..... ds.

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

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

WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Geo. M. Ragsdale M. D
, 19 (Address) Paris 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: Bethel Cemetery, Holliday Mo — DATE OF BURIAL: 12/14 1929

20. UNDERTAKER: Fred A. Thompson — ADDRESS: Madison Mo

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Nothing should be left blank. Nothing should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.