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

Do not use this space.

File No. 39994
Registered No. 98

JAN 20 1931

1. PLACE OF DEATH
County Linn
Township
City Brookfield, Mo. (No. ..... St. ..... Ward)

Registration District No. 496
Primary Registration District No. 3025

2. FULL NAME James P. Parry
(a) Residence. No. 121 So Monroe St., 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	7	2	

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

9. BIRTHPLACE (CITY OR TOWN) Lanvillo Berkshire
(STATE OR COUNTRY) So Wales

PARENTS
10. NAME OF FATHER John Parry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lanvillo Berkshire
(STATE OR COUNTRY) Wales
12. MAIDEN NAME OF MOTHER Mary Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY) Wales

14. INFORMANT Carl McIntire
(Address) Brookfield Mo

15. FILED Dec 26 1930 Bessie M. Fore REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/24/ 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1930, to Dec. 24, 1930 that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
82A
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
Cerebral (duration) yrs. mos. 8 hrs.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. H. Dandy, M. D.
, 19 (Address) Brookfield 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 Rose Hill Cemetery
DATE OF BURIAL 12/26/ 1930

20. UNDERTAKER Hunter & Rollins
ADDRESS Brookfield Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.