

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

Do not use this space.

40452

File No. _____
Registered No. 103 Ward _____

1. PLACE OF DEATH
 County Richmond Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME Parmelia Elisabeth Danner
 (a) Residence. No. 229 1/2 Thornton St. 4 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. 3 mos. 3 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>5</u>	<u>2</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Maryville
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER David Condit

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

12. MAIDEN NAME OF MOTHER Jane Black

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

14. INFORMANT Dr. John M. Meish
 (Address) Richmond

15. FILED 12-9-30 1930 E. E. Jay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1930, to Dec 9, 1930, that I last saw h.e.t. alive on Dec 9, 1930, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
930
 (duration) 3 yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED Ill Cygn Mass
 (IF NOT AT PLACE OF DEATH)
 Did an OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John M. Meish M. D.
Dec 9, 1930 (Address) Richmond 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 La Cygne Kansas **DATE OF BURIAL** Dec 10 1930

20. UNDERTAKER Ethuman **ADDRESS** Richmond

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.

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DEC 22 1930

1944

1. The first part of the report...

2. The second part of the report...

3. The third part of the report...

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28. The twenty-eighth part of the report...

29. The twenty-ninth part of the report...

30. The thirtieth part of the report...

31. The thirty-first part of the report...

32. The thirty-second part of the report...

33. The thirty-third part of the report...

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35. The thirty-fifth part of the report...