

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

Do not use this space.

4210

**1. PLACE OF DEATH**

County Scott Registration District No. 1155-  
 Township Wells Primary Registration District No. 6065-  
 City Illmo mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Edwin 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo 31

MOTHER FATHER  
 13. NAME Edwin Blair Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo mo 11

MOTHER  
 15. MAIDEN NAME Cecile Tracie Lindeman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo mo

17. INFORMANT (ADDRESS) Mrs. E. C. Bass Illmo mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lightyear DATE Jan. 27 1931

19. UNDERTAKER (ADDRESS) L. C. Displough Illmo mo

20. FILED 1-28 1931 J. J. D. [unclear] Registrar

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1931

2. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ day, \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_ day, \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on Jan. 26, 1931. Death is said

to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance, were as follows:

Premature Birth.

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify

(Signed) H. H. [unclear], M. D.

(Address) Cape Girardeau mo

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.

FEB 21 1931

