

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

Do not use this space.

**27573**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 82  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. Woodland Hotel, 3rd. & Julie )

File No. \_\_\_\_\_  
Registered No. 881 (Ward)

**2. FULL NAME** Modisette L. Parish,

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Maryville, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Divorced,</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Abbie Parish</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 12, 1866</b>				
7. AGE	YEARS <b>65</b>	MONTHS <b>4</b>	DAYS <b>11</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Merchant,</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Retail Feed,</b>			
	10. Date deceased last worked at this occupation (month and year) <b>June 1931.</b>		11. Total time (years) spent in this occupation <b>2</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Knoxville, Iowa,</b>				
FATHER	13. NAME <b>Thomas M. Parish,</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown, Indiana,</b>			
MOTHER	15. MAIDEN NAME <b>Rebecca Jane Williams</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Louisville, Kentucky,</b>			
17. INFORMANT <b>H. H. Parish</b> (ADDRESS) <b>4310 Mercier Ave. Kansas City</b>				
18. BURIAL, CREMATION, OR REMOVAL <b>NO</b> PLACE <b>Maryville, Mo.</b> DATE <b>AUG. 24, 1931</b>				
19. UNDERTAKER <b>A. Eaton, Beales &amp; Brown</b> (ADDRESS) <b>519 S. 10th. St. Funeral Home</b>				
20. FILED <b>AUG 24 1931</b> <b>John L. Bender</b> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 1931

22. I HEREBY CERTIFY, That I viewed attended deceased from Aug 23, 1931, to \_\_\_\_\_, 19\_\_\_\_.

I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 a. m.

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

**Suicide by Fire Arms.** Date of onset \_\_\_\_\_  
**at Woodland Hotel, St Joseph Mo.**

Other contributory causes of importance: **none**

Name of operation **none** Date of \_\_\_\_\_

What test confirmed diagnosis? **History** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **Suicide** Date of injury **8/23, 1931**  
Where did injury occur? **St. Joseph Mo.** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
**Public place**  
Manner of injury **Head injury**  
Nature of injury **Bullett wound**

24. Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify \_\_\_\_\_  
(Signed) **B. W. Tadlock** coroner, M. D.  
**821 Francis** (Address)

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.

SEP 21 1931

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