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.

NOV 5 1931

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

Do not use this space.

34984

File No. 97

Registered No.

1. PLACE OF DEATH
County: Macon — Registration District No. 533
Township: — Primary Registration District No. 3027
City: Macon (No. , St. Ward)

2. FULL NAME: Margaret Irene 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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Bethel Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17 - 1879

7. AGE: Years 52 — Months 4 — Days 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Macon Co Mo

FATHER
13. NAME: Sidney Demery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Southar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs George Vestal, Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Baker Cemetery DATE: 10-18, 1931

19. UNDERTAKER (ADDRESS): Stephens & Goodding, Macon, Mo.

20. FILED: 10/21, 1931 Mrs Luke Rinkler, Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep 1, 1931, to Oct 16, 1931
I last saw her alive on Oct 16, 1931. Death is said to have occurred on the date stated above, at 10 20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Inf Thorax	
from Self Bendder	
I & C	12 h
	12 7B

Other contributory causes of importance:
Operated Bennett Box Gall Stones

Name of operation: Gall Stones Date of: 14 Oct 31
What test confirmed diagnosis? Operation 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? No
If so, specify
(Signed) A M Kaan, M. D.
(Address) Macon Mo.