APR 28 1932

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

Do not use this space.

9200

1. PLACE OF DEATH
61 County Macon
Township Hudson
City ..... (No. ..... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 5713.

File No. .....
Registered No. 19

2. FULL NAME Chas. E. Parrett

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Elec. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 203
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fargo 2
(STATE OR COUNTRY) N. Dak.

PARENTS

10. NAME OF FATHER Chas H. Parrett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 5
(STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Anna McGowan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Michigan

14. INFORMANT Fred R. Parrett
(Address) 1303 N. Broadway, Fargo, N. Dak.

15. FILED 3/31, 1932 Mrs Luke Dunkler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1932

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1932, to March 24, 1932 that I last saw him alive on never, 19....., and that death occurred, on the date stated above, at 7.9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

165
84 Suicidal
By hanging self up by neck,
(Strangled) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dementia Precox
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
0 165 (5)
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam.
(Signed) W. A. Welch, M. D.
3/24, 1932 (Address) Callao Mo. Coroner

*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	DATE OF BURIAL
Fargo, N. Dak	3/28/1932
20. UNDERTAKER	ADDRESS
Albert Skinner	Macon Mo