

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

Do not use this space.

13143

MAY 25 1932

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.

1. PLACE OF DEATH
 58 County Linn Registration District No. 499
 Township Clay Primary Registration District No. 5664
 City Gilbert (No. 9) St. _____ Ward _____

2. FULL NAME Gilbert G. Parker
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. — mos. ds. (If nonresident, give city or town and State)
 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 Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22 - 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	86	5	27	

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

9. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Stiles Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Matilda B. Harris

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

14. INFORMANT Eugene Chapman
 (Address) Winning Mo

15. FILED 4/21 1932 Geo. H. Chapman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-19-1932

17. I HEREBY CERTIFY, That I attended deceased from 4-15-1932 to 4-19-1932 that I last saw him alive on 4-15-1932 and that death occurred, on the date stated above, at 8-00 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myo-cardial degeneration
Myo-cardium
 (duration) _____ yrs. _____ mos. _____ ds.
Coronary atherosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED 930
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical analysis
 (Signed) E. J. Allen, M. D.

(Address) Medville

*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 Parson Creek DATE OF BURIAL April 21 1932

20. UNDERTAKER Frank L. Smiley ADDRESS Winning Mo

