

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

Do not use this space.

19336/1

1. PLACE OF DEATH
 44 County Holt Registration District No. 947
 Township Milton Primary Registration District No. 5512
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Jella Viola 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. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 7 25

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

9. BIRTHPLACE (CITY OR TOWN) Holt Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER James E. Blewett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cora Morris
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holt Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT J. E. Blewett
 (Address) W. F. D. Forest City

15. FILED 6/4 1932 J. L. Coy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1932

17. I HEREBY CERTIFY, That I attended deceased from me 28 1932 to June 3 1932 that I last saw her alive on June 2 1932 and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bacterial meningitis
from poisoning
16 B.D. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH. 1

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

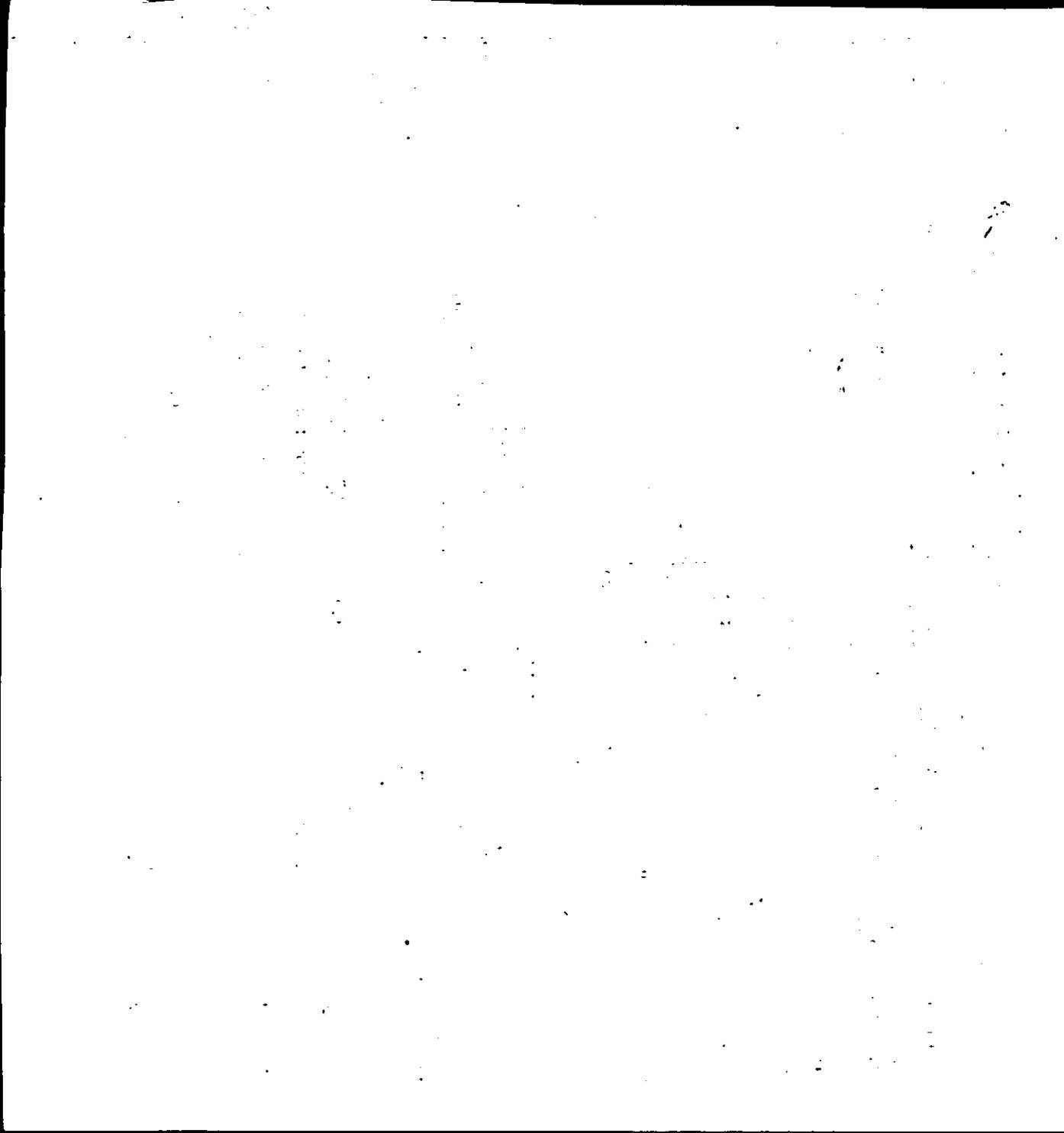
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. E. Hogan M. D.
June 4 1932 (Address) Mound city Mo.

*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 Oregon DATE OF BURIAL June 5 1932

20. UNDERTAKER Lester Pettibone ADDRESS Oregon Mo.

JUN 2 1932



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Hall
Township Minton
City (No.)

Registration District No. 947
Primary Registration District No. 5-5-12

File No.
Registered No. 111
St. Ward

2. FULL NAME

Zella Viola Parker

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6/4 19 32 J. E. Cox Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from , to , 19

I last saw h. alive on , 19 . Death is said

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

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

Bichloride mercury poisoning
Suicide by taking Bichloride of mercury
Other contributory causes of importance:

Date of onset

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 , 1932

Where did injury occur? Hannibal
(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) F. E. Hogan, M. D.

(Address) Hannibal Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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