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.

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

Do not use this space.

19705

1. PLACE OF DEATH
County JACKSON — Registration District No. 329 — File No.
Township KAW — Primary Registration District No. 1002 — Registered No. 2515
City KANSAS CITY (No. 3034, GARFIELD St. Ward)

2. FULL NAME HARRY DAVIS PARKS
(a) Residence, No. 3034 GARFIELD St., 4 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. EDNA PAYN PARKS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 20 1865

7. AGE: YEARS 66 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LIVESTOCK COMMISSION
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 132
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 32 YRS

12. BIRTHPLACE (CITY OR TOWN) LINCOLN (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME SAMUEL C. PARKS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VERMONT

MOTHER
15. MAIDEN NAME ELIZABETH TRULEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MRS. EDNA PAYN PARKS (ADDRESS) 3034 GARFIELD AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE JUNE-26 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 EAST- 9TH ST.

20. FILED 6/25 1932 M. M. Crowe Asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-24 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:50 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Haematoma intra & extracranial, traumatic origin | |
| 2031 | |
| Other contributory causes of importance: | 101 |

Name of operation ..... Date of .....
What test confirmed diagnosis? medical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 14, 1931
Where did injury occur? Life Work Exchange Bldg (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury struck by elevator
Nature of injury Internal & external Haematoma of scull left side

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) [signature], M. D.
(Address) 1610 Progress Bldg.

1610 Professional Bldg.
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