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

Do not use this space.

26221

File No. F 3129
Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: K.C. East — Primary Registration District No.: 1007
City: K.C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME: Charlotte Jean Parsons

(a) Residence, No. 3235 Anderson St., 9 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-12-1931

7. AGE: Years 1 | Months 6 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: — child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — none
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): K.C. Mo

FATHER
13. NAME: Fred R. Parsons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Reba Hanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT: Mr. & Mrs. Fred R. Parsons
(ADDRESS) 3235 Anderson, ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 8-15-32

19. UNDERTAKER: Mrs. C. L. Foster
(ADDRESS) K.C. Mo.

20. FILED: Aug 14 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1932, to 8-13, 1932
I last saw her alive on 8-13, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
First degree burn	

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? yes

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?
If so, specify
(Signed) J. L. Montgomery, M. D.
(Address) Mercy Hospital
Kansas City, Mo.

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
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. .....
Registered No. 3129

1. PLACE OF DEATH
County Jackson Registration District No. .....
Township ..... Primary Registration District No. .....
City ..... (No. Mercy Hospital ..... St. ..... Ward)

2. FULL NAME Charlotte Tassoni

(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 F
4. COLOR OR RACE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

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

7. AGE — YEARS 1 — 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER
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 Aug 14, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1932, to 8-13, 1932.
I last saw her alive on Aug. 13, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Degree Burn	8-11-32
181	
14	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-11, 1932
Where did injury occur? At home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Mother spilled hot water on baby
Nature of injury 1st Degree burn - body

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) L. P. Engel, M. D.
(Address) Mercy Hospital -

SUPPLEMENTARY

every item of information should be careful AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

S-26221