

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

Do not use this space.

1. PLACE OF DEATH

24
County *Osage*
Township *Gallatin*
City *Maple Park* (No. *1001*)

Registration District No. *197*
Primary Registration District No. *1001*

File No. *16012*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 *50* yrs. mos. 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 (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 17-1878*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *2 mo.* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clay Co. Mo.*

13. NAME *Elisha Parker*

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

15. MAIDEN NAME *Jessie Harrington*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clay Co. Mo.*

17. INFORMANT (ADDRESS) *Dora Morrison Maple Park Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Liberty Mo.* DATE *5/16/33*

19. UNDERTAKER (ADDRESS) *Church Archer Co. Liberty Mo.*

20. FILED *May 16 1933* *John S. Weston Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 14 1933*

22. I HEREBY CERTIFY, That I attended deceased from *May 14 1933* to *May 14 1933*
I last saw *her* alive on *May 14 1933*. Death is said to have occurred on the date stated above, at *6 P.M.*
The principal cause of death and related causes of importance were as follows:

Date of onset _____

acute myocarditis
93A
Other contributory causes of importance: *93A*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* 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? *No*

If so, specify _____

(Signed) *H. A. Cox*, M. D.

(Address) *Maple Park Mo.*

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.

JUN 21 1933

