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.

NOV 10 1933

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

Do not use this space.

26283 A

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 66
Township — Primary Registration District No. 4227 — Registered No.
City West Plains, Mo (No. ... St. ... Ward)

2. FULL NAME Delores Jean Parker

(a) Residence, No. ... St., ... 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 Fe
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓ ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1931
7. AGE YEARS 1 MONTHS 9 DAYS 8 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.
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) West Plains, Mo.

FATHER
13. NAME Earl Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

MOTHER
15. MAIDEN NAME Ava E. Crow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

17. INFORMANT (ADDRESS) Mrs. Earl Parker West Plains, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 8-20-1933
19. UNDERTAKER (ADDRESS) McFarlands West Plains, Mo
20. FILED 8-19-1933 O. P. A. Heinrich Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1933

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 3:00 P.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Abscess + cellulitis of rt thigh | 8-13-33 |
| (2) Septicemia, traumatic | 8-14-33 |
| (3) Due to infected wound of bright foot - laceration | 8-9-33 |

Other contributory causes of importance:

194 B

Name of operation Incision of wound Date of 8-13-33
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-9-, 1933
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury
Nature of injury small lacerated wound of rt foot/s

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. Claude Bohrer, M. D.
(Address) West Plains, Mo

33-8-19
31-11-11
1-9-8