MAR 24 1934

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

Do not use this space.

5045

1. PLACE OF DEATH
County Jackson — Registration District No. 999 — File No.
Township Kaw — Primary Registration District No. 2028 — Registered No. 77
City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Mrs Katherine Parker
(a) Residence, No. 1378 Penn 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE Years about 60 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. house
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) Missouri

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

MOTHER
15. MAIDEN NAME Johanna Hugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Mary Lester 1311 Penn K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE 2-19 1934
19. UNDERTAKER (ADDRESS) J. F. O'Donnell Co. K.C. Mo.
20. FILED 2-16 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1934, to Feb 16, 1934
I last saw her alive on Feb 16, 1934. Death is said to have occurred on the date stated above, at 6:00 PM
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Both Lungs — Date of onset Feb 11
108
Other contributory causes of importance: Infection Type II-IV
106
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? ..... 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) John O. Kimmer M. D.
(Address) 1402 Bryant Bldg.

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.