

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.

MAY 25 1934

11384

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.*

Registration District No. **791**

File No.....
Registered No. **3294**
Ward.....

Primary Registration District No. **1003**
(No. *2945 - Lawton 3rd City Hosp #2*)

2. FULL NAME

William Parker

(a) Residence, No. *2846 - Pers.* 21 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *Colored*
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) *May 21st 1884*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 10 9

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. *Labour*
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) *N. Carolina*

13. NAME *Edward Parker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

15. MAIDEN NAME *Rhoda Bunn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

17. INFORMANT (ADDRESS) *July Tiberius 2945 - Lawton 3rd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Dist* DATE *4-2-34*

19. UNDERTAKER (ADDRESS) *Watson and Lee 2769 Chouteau ave*

20. FILED *PR - 2 1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-30-1934*
22. I HEREBY CERTIFY, That I attended deceased from *2-8-1934* to *3-30-1934*
I last saw him alive on *3-30-1934* Death is said to have occurred on the date stated above, at *5:00 P. m.*
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
25A
Date of onset *28-34*

Other contributory causes of importance:
23
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) *Henry H. Hampton* M. D.
(Address) *2945 - Lawton 3rd*

