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.

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

SEP 17 1934

Do not use this space.

File No. 25242

Registered No.

1. PLACE OF DEATH
County Laclede
Township Franklin
City [illegible] Ward (No. [illegible] St.
Registration District No. 952
Primary Registration District No. 5-617

2. FULL NAME Lemon Willis Parker
(a) Residence, No. Kansas City Mo St. 5821 E 31 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: M
4. COLOR OR RACE: W
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) Aug. 2, 1916.
7. AGE: YEARS 17 | MONTHS 11 | DAYS 16 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Work
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) Laclede Co.

FATHER
13. NAME J. W. Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede

MOTHER
15. MAIDEN NAME Dollie Doty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co.

17. INFORMANT (ADDRESS) J. W. Parker. 5821 E 31 St. K. C. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Holman Cem. DATE 7/20 1934
19. UNDERTAKER (ADDRESS) Palmer Lebanon Mo.
20. FILED July 23, 1934 Mrs. Vida Lambeth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934
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 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Drowning

213 D

Other contributory causes of importance:

213

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury ....., 19....
Where did injury occur? Laclede Co.
(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) [illegible], M. D.
(Address) Lebanon Mo

#2 Laclede

**DEPARTMENT OF COMMERCE**

**BUREAU OF THE CENSUS**

**WASHINGTON**

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Freeman Willis Parker.

Who died at Albert Schneider place on July-18-1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, ~~married, widowed or divorced~~: _____

Date of birth June 2, 1916 Age: Years 17 Months 11 Days 16

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Drowning boat capsized. J B

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician Dr. Summers. Lebanon, Mo.

Signature of Registrar Vida Lambeth Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Reg. Dist. No. 952

Primary Reg. Dist. No. 5617

Special Agent.

5-25242