

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

Do not use this space.

1. PLACE OF DEATH

County Case

Registration District No. 148

File No. 32209

Township

Primary Registration District No. 4082

Registered No.

City Belton (No. _____) St. _____ Ward _____

2. FULL NAME Florence Robertson Parrish

(a) Residence, No. Belton Mo 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF Jack Parrish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mts. 66 6 12

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Edward Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Martha Manner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT E. R. Arthur (ADDRESS) 2303 State Ave K. C. Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo DATE 9/19/34

19. UNDERTAKER Stue & Mellere (ADDRESS) Kansas City Mo

20. FILED 9-18 1934 O. R. M. Miller Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1934 to Sept 17 1934

I last saw him alive on Sept 17 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
9:50
571
M. B. D.
Other contributory causes of importance:
Chronic Arthritis involving all joints 15 yrs duration

Date of onset

9-10-

1934

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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) O. R. M. Miller M. D.

(Address) Belton Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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62 47 28

