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

NOV 20 1934

Do not use this space.

35909

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 538
City Indep. (No. Sanitarium St. Ward)

2. FULL NAME Mollie K. Parker
(a) Residence, No. 1100 N. Spring St. second Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Geo. B. Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 - 1881
7. AGE Years 53 Months 9 Days 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry
10. Date deceased last worked at this occupation (month and year) Oct. 10 - 1934
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Missouri

FATHER
13. NAME Henry Ellis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER
15. MAIDEN NAME Nancy Ellen Murrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Geo. B. Parker 1100 N. Spring Indep. Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Indep. Mo. DATE Oct. 18 1934
19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence Mo.
20. FILED 10 - 18 1934 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Oct 16 1934
I last saw her alive on Oct 16 1934 Death is said to have occurred on the date stated above, at 4:40 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 10-10-34
Chronic myocarditis — unknown

93C

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) Russell D. Cazenhouse, M. D.
(Address) Independence Mo.

100M-11-24-33