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.

70

FEB 19 1935

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

Do not use this space.

2172

1. PLACE OF DEATH
County Montgomery — Registration District No. 596 — File No.
Township Bear Creek — Primary Registration District No. 5787B — Registered No.
City (No. , St. Ward)

2. FULL NAME Reuben Christian Parsons
(a) Residence, No. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Parsons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 14th 1868
7. AGE YEARS 66 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasantville, Iowa
2

FATHER
13. NAME Jackson Parsons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
31

MOTHER
15. MAIDEN NAME Rachall Summy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
31

17. INFORMANT (ADDRESS) Mrs Reuben Parsons Bellflower, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville, Mo. DATE 1-2 1935
19. UNDERTAKER (ADDRESS) R. W. River Bellflower, Mo
20. FILED 1/2 1935 R. W. River Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934, to Dec 31, 1934
I last saw him alive on Dec 31, 1934. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer of Liver | 2 yrs |
| Removal of Gall Bladder | Aug 1934 |

Other contributory causes of importance:
Chronic Interstitial nephritis
Jaundice — Dec 15

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? 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) Dr. A. H. Van Arsdale, M.D.O.
(Address) Bellflower, Mo