NOV 18 1935

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

Do not use this space.

✓ 32000

1. PLACE OF DEATH

County ~~Stoddard~~ Butler — Registration District No. 89 — File No.

Township ~~Center~~ — Primary Registration District No. 3007 — Registered No. 211

City Poplar Bluff (No. Brandon Hospital St. Ward)

12 2 7

2. FULL NAME John Parks

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	22	8	12	

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

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

FATHER

13. NAME G. D. Parks

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

MOTHER

15. MAIDEN NAME Lindy Herndon

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

17. INFORMANT (ADDRESS) Mrs. Lon Jackson Aid, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harper Cem. Bloomfield Mo. DATE 10-17, 1935

19. UNDERTAKER (ADDRESS) Chiles Und. Co. Bloomfield, Mo.

20. FILED 10-17, 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1935, to Oct. 17, 1935

I last saw him alive on Oct. 17, 1935. Death is said to have occurred on the date stated above, at 12 9 A.m.

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

	Date of onset
Peritonitis	10/13/35
Other contributory causes of importance:	
Subphrenic abscess	9/26/35

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?

If so, specify

(Signed) W. L. Brandon, M. D.

(Address) Poplar Bluff, Mo.

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MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

ALL INFORMATION CALL[illegible] FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

Do not use this space.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 211

City Poplar Bluff (No. Brandon Hosp. St. Ward)

2. FULL NAME John Parks

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	8	12	

OCCUPATION

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.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12-7 1935 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1935

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Other contributory causes of importance:

Subphrenic abscess (Unable to state cause)

Name of operation Date of

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Manner of injury

Nature of injury

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

If so, specify

(Signed) W. L. Brandon, M. D.

(Address) Poplar Bluff

SUPPLEMENTARY

124

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

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V. S. No. 100M-3-28-35

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