

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

Do not use this space.

30703

SEP 24 1936

1. PLACE OF BIRTH

County Lickery
Township Center
City Hermitage Mo.

Registration District No. 360
Primary Registration District No. 5305

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Nora Isabella Parrish

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. C. H. Parrish

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1881

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p.m.

7. AGE YEARS 55 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

Date of onset

Carcinoma (epithelial) of Liver and Pancreas

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

Other contributory causes of importance:

Carcinoma of Cervix

13. NAME Willie Harbor

Name of operation Laparotomy Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME White

23. If death was due to external causes (accident, violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city, town, county, and State)

17. INFORMANT Myrtle Johnson (ADDRESS) Hermitage Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fisher Cem. DATE 8-16 1936

Manner of injury _____

Nature of injury _____

19. UNDERTAKER Lucy Funeral Home (ADDRESS) Whetland Mo.

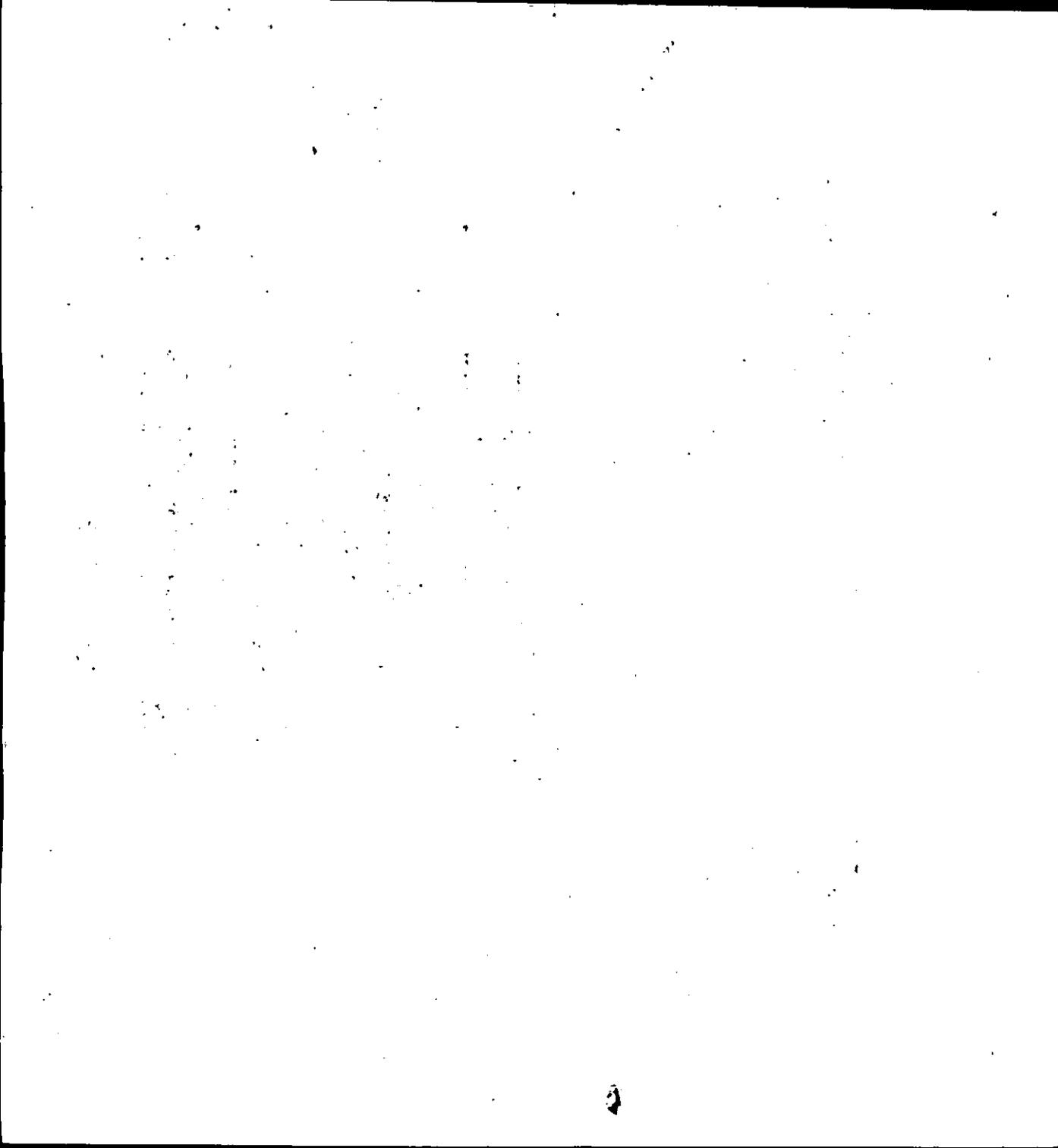
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

20. FILED Sept 2 1936 Annie McKenke Registrar.

(Signed) C. K. News M. D.
(Address) Hermitage 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.



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1. PLACE OF DEATH

County Hickory
Township Center
City _____ (No. _____) St. _____ Ward _____

Registration District No. 360
Primary Registration District No. _____

File No. _____
Registered No. _____

2. FULL NAME

Nora Isabella Garrish

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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.
55 7 2

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) _____

MOTHER FATHER 13. NAME _____

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

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 Sept 2 1936 Onice McKinley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1936

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 _____ m.

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

Carcinoma of liver and pancreas Date of onset _____

Other contributory causes of importance: Carcinoma of cervix (Primary Seat)

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 industrial 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) C. P. Davis, M. D.
(Address) St. Louis, 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.

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