

DEC 3 1936

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

Do not use this space.

38507

1. PLACE OF DEATH

County Hunter
Township Marion
City Marion (No. _____)

Registration District No. 615-
Primary Registration District No. 5817

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Helen Grace Park

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Park</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6 - 1907</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	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) <u>Piase City Mo.</u>		
FATHER	13. NAME <u>Clarence Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Piase City Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Edith Chondli</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Piase Ct, Mo</u>	
17. INFORMANT <u>Clarence Brown</u> (ADDRESS) <u>Piase city Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rolling</u> DATE <u>Nov 1</u> 19 <u>36</u>		
19. UNDERTAKER <u>Wm Russell Jr</u> (ADDRESS) <u>Piase City Mo</u>		
20. FILED <u>Oct 30</u> 19 <u>36</u> <u>U. B. Chapman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1936 to Oct 30 1936
I last saw her alive on Oct. 30 1936. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Impaction and Inflammation of the Colon Date of onset _____
Other contributory causes of importance Operation

Name of operation Appendectomy Date of Oct 23-24
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) R. P. Chatham, M. D.
(Address) Diamond Mo.

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.

