

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

2 County Andrew Registration District No. 10 File No. 4826
Township Monroe Primary Registration District No. 5013 Registered No. 3
City (No. 2 1/2 Mi. east of Cosby, Mo.) St. 2 Ward)

2. FULL NAME

Francis A. Parker

(a) Residence, No. Monroe Twp. St. 2 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Mrs. Dora Parker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17, 1865</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>28</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>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 4 yrs.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1933</u>		11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Co., Missouri</u>				
FATHER	13. NAME <u>William Parker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Rachael Esslinger</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew Co., Missouri</u>			
17. INFORMANT <u>Mrs. Dora Parker</u> (ADDRESS) <u>Cosby, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Prairie Cem.</u> DATE <u>Feb. 17, 1937</u>				
19. UNDERTAKER <u>Walter Meinkofke</u> (ADDRESS) <u>1302 Faraon St., St. Joseph, Mo.</u>				
20. FILED <u>2-16-1937</u> <u>J. H. Bledsoe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1933, to Feb. 15, 1937
I last saw him alive on Feb. 5, 1937. Death is said to have occurred on the date stated above, at 1.40 m. A. M.
The principal cause of death and related causes of importance were as follows:
Cancer Liver
Cancer Colon
gradual since operations
No
Other contributory causes of importance:
acute obstruction 4-16-33
bowel - cancer
Retro-sigmoid (Primary)
Name of operation Colostomy Date of 7-17-33
What test confirmed diagnosis? 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?
If so, specify
(Signed) N. S. Samuel, M. D.
(Address) Kirkpatrick Bldg., St. Joseph, 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.

