

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 288Township Independ Primary Registration District No. 5406City Kennett (No. _____, _____ St. _____ Ward)File No. 16258

Registered No. _____

2. FULL NAME Thomas Newton Parks

(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 <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>Pearl Parks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10, 1869</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>7</u>
		DAYS
		<u>7</u>
		If LESS than 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.
	10. Date deceased last worked at this occupation (month and year) <u>July 1, 1935</u>
	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Clarkton Mo.13. NAME T. N.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
T. N.15. MAIDEN NAME Delaney David16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
T. N.17. INFORMANT Pearl Parks
(ADDRESS) Kennett Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Standfield DATE Apr. 18 193719. UNDERTAKER F. S. Jones
(ADDRESS) Independ Mo.20. FILED April 27, 1937 Whitely Doves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12/37, 19____

22. I HEREBY CERTIFY, That I attended deceased from knack, 1936, to 4/16/37, 19____

I last saw him alive on 4/16/37, 19____ Death is said to have occurred on the date stated above, at 4.6 m.

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

Cerebral Hemorrhage Date of onset 3-1-37

Other contributory causes of importance:

85 at

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 _____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? not
If so, specify _____ (Signed) W. W. Greenwell, M. D.
(Address) Kennett Mo.

