

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Monroe
City Ludlow (No. 574)

Registration District No. 574

Primary Registration District No. Monroe Tp

File No. 38145

Registered No. 999

St. Mo. Ward

2. FULL NAME George W. Parker

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1865

7. AGE YEARS 71 MONTHS 11 DAYS 20 If LESS than 1 day,hrs. ormin.

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) Nov. 9, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Indiana

13. NAME Sam Parker

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

15. MAIDEN NAME Elizabeth Hopkins

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

17. INFORMANT Mrs Edna Parker (ADDRESS) Ludlow, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Monroe Cem DATE Oct. 25, 1937

19. UNDERTAKER B. J. Mead (ADDRESS) Braymer, Mo.

20. FILED Oct 26, 1937 Geo Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov Oct. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Oct 20, 1937

I last saw him alive on Oct 20, 1937. Death is said to have occurred on the date stated above, at 3:00 a. m.

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

Arterio Sclerosis
Chronic Hepatitis

Date of onset

1935

Other contributory causes of importance:

None

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? No If so, specify.....

(Signed) Geo Moore, M. D.

(Address) Ludlow Mo

