

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

Do not use this space.

1. PLACE OF DEATH

County: Dunklin
Township: Clay
City: _____ (No. _____)

Registration District No. 287
Primary Registration District No. 5405

File No. 45247
Registered No. 34
St. _____ Ward _____

2. FULL NAME

Alfred F. Parsons

(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 M 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 Hattie Bour Parsons
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1885
7. AGE YEARS 52 MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneverson Missouri

13. NAME Pat Parsons

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

15. MAIDEN NAME Annie Duncie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wunsberg Germany

17. INFORMANT Mrs. Alfred Parsons (ADDRESS) Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunk Ridge DATE Dec 20 1937

19. UNDERTAKER Baldwin Sturloff (ADDRESS) Russell, Mo.

20. FILED 1/10, 1938 E. G. Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Dec 8, 1937. I last saw him alive on Dec 8, 1937. Death is said to have occurred on the date stated above, at 7:0 m.

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

Hemorrhage of brain Date of onset 12-7-37

Other contributory causes of importance: Influenza 12-7-37

Name of operation _____ Date of _____
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? no
If so, specify Van H. Bonds M. D.
(Signed) Harrisonville Mo. (Address)

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.

WHITE PLAIN, WITH WRITING MATERIALS IS A PERMANENT RECORD

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Handwritten text, possibly a date or short note, located in the middle left area of the page.

Handwritten text, possibly a signature or name, located in the lower left area of the page.

Handwritten text, possibly a date or short note, located in the lower middle area of the page.