

FEB 12 1938

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

1051
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. Registered No. 907
 (c) City St. Louis, Mo. (d) Street No. Missouri Baptist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie Rice Parten 635

(a) Residence, No. Rural Route #2 St. **NR** Rogersville, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4th, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress
 9. Industry or business in which work was done, as saw mill, bank, etc. Baptist Home
 10. Date deceased last worked at this occupation (month and year) 1-14-38 11. Total time (years) spent in this occupation 2 Yrs

12. BIRTHPLACE (CITY OR TOWN) Green County, Missouri

FATHER 13. NAME John J. Parten
 14. BIRTHPLACE (CITY OR TOWN) Webster County, Missouri

MOTHER 15. MAIDEN NAME Martha I. Gibson
 16. BIRTHPLACE (CITY OR TOWN) Green County, Missouri

17. INFORMANT Laura McMullen
 (ADDRESS) Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green County, Mo. DATE January 26th 38

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue

20. FILED 95 1938 19
J. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1938 to Jan 27 38
 I last saw her alive on 1-24-38, 19... Death is said to have occurred on the date stated above, at 9:20 m. P.M.

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

Osteomyelitis
Right hand varicella
cause unknown
 Date of onset 10/6/37

Other contributory causes of importance: BH

Name of operation opened & drained Date of 1-7-38
 What test confirmed diagnosis? Was there an autopsy? yes

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? yes
 If so, specify stuck finger with pin
Hudson Faber Co., M. D.
 (Signed) (Address) metropolitan Bldg
St Louis

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.

Jalbert

mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Berj C. Duncan
Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)