

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 623 File No. 7610
Township Washington Primary Registration District No. 5825- Registered No. 2
City (No. _____) St. _____ Ward _____

2. FULL NAME

Eunice Mabel Parr 600

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. C. Parr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1874
7. AGE YEARS 63 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1938 to Feb 15 1938
I last saw her alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration about 5 months
existed before of 5 months ago
Other contributory causes of importance:
Chronic Arthritis 13 yrs ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gulfport Mississippi
13. NAME Matthew Wheelford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Auburn Ireland
15. MAIDEN NAME Mary Bees
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wexford Ireland
17. INFORMANT (ADDRESS) Mrs. Carl Gray
18. BURIAL, CREMATION, OR REMOVAL PLACE Gulfport Mo DATE Feb 17 1938
19. UNDERTAKER (ADDRESS) C. Reynolds
20. FILE NO. Feb 16 1938 Registrar M. M. Blamahan

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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 _____
(Signed) A. D. Barnes M. D.
(Address) Gulfport Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

