

REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County WaltRegistration District No. 378Township LewisPrimary Registration District No. 5570

City

(No. _____)

St. _____

Ward _____

18381

File No. _____

Registered No. 10

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhitemarried

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

Delmas Dryden

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

Mar 31-1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

29112

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

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)

about May 1937

11. Total time (years) spent in this occupation

1 yr

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

Dunkmann Co Mo.

13. NAME

John W Parr0

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

Missouri0

15. MAIDEN NAME

Phoebe Sigoes

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

Missouri

17. INFORMANT

(ADDRESS)

Delmas Dryden Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oregon Mo May 14 1938

19. UNDERTAKER

(ADDRESS)

Petty Oh Oregon Mo

20. FILED

5-13 1938 Post-Trade Registrar.

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

May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from

about May 1936 to May 13 1938I last saw him alive on about May 10 1938 Death is saidto have occurred on the date stated above, at 1:00 P.M.

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

mitral Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation no

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? If so, specify

D. E. Perry M.D.(Address) Normal City Mo

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

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