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

REC'D OCT 20 1938

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

32117
Do not use this space.

1. PLACE OF DEATH
(a) County Douglas 1 Registration District No. 276
(b) Township Cash Primary Registration District No. 5388 Registered No. 8
(c) City (d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Parry 600
(a) Residence, No. St.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Parry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1866
7. AGE YEARS 72 MONTHS 3 DAYS 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Illinois 1

FATHER
13. NAME Henry Mallon 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 1

MOTHER
15. MAIDEN NAME Mary Washington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S

17. INFORMANT (ADDRESS) J C Parry Norwood Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Norwood Cemetery DATE Sep. 15 1938
19. FUNERAL DIRECTOR (ADDRESS) Ella J. Bouldin
20. FILED Sept. 17 1938 Trilba Sims
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1938 to Sept 14 1938
I last saw her alive on Sept 12 1938 Death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Date of onset
Other contributory causes of importance:
Rheumatism
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?
If so, specify
(Signed) L. F. Vanney, M. D.
(Address) Norwood Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-354
Date Filed 10/13/38

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.....

Licensed Embalmer No.....

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