REC'D MAY 22 1938

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

15606
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan
(b) Township Richland
or
(c) City Otterville
Registration District No. 601
Primary Registration District No. 5793
Registered No. 5
(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 50 yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 William Shepherd Parsons
(a) Residence, No. Morgan County, Mo. 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 Male
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 Amanda T. Finley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1855
7. AGE YEARS 84 MONTHS 0 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Syracuse Mo.

FATHER
13. NAME Leroy White Parsons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Kentucky

MOTHER
15. MAIDEN NAME Sarah Wilkerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Otterville Mo.

17. INFORMANT (ADDRESS) Jess. Parsons Otterville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville Mo DATE 3/28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parker Funeral Service Otterville Mo.
20. FILED Mar. 28 1939 Mrs. Arthur Schroder, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1939 to March 27 1939
I last saw him alive on March 24 1939. Death is said to have occurred on the date stated above, at 7 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	
93C	

Other contributory causes of importance:
Influenza

Name of operation Symptoms 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
(Signed) E. Holtzen, M. D.
529 (Address) Smithton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer
District File Number 7-39-
Date Filed 8-5-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself, Registered Apprentice No. ....., working under my personal supervision.

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, Mo

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

If this body is not embalmed, above space should be left blank.