

WHITE PRINTED, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

438 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.

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

31217  
Do not use this space.

1. PLACE OF DEATH 1939  
 (a) County 3 Registration District No. 791  
 (b) Township Primary Registration District No. 1008  
 (c) City ST. LOUIS (d) Street No. 6 State to Homer Phillips 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME TOM PARHAM TOM PARHAM, 65  
 (a) Residence, No. 911 Ohio St. 22 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 52 unk known  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABOR  
 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) WHITEVILLE, TENN  
 FATHER 13. NAME PETE PARHAM  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WHITEVILLE, TENN  
 MOTHER 15. MAIDEN NAME ANNA CHAMBERS  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WHITEVILLE, TENN  
 17. INFORMANT PETE PARHAM (ADDRESS) 911 Ohio St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON, D.C. DATE Sept. 27, 1939  
 19. FUNERAL DIRECTOR (ADDRESS) Watkins Bros 3644 Forsyth Ave  
 20. FILED SEP 27 1939 (Address) [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:35 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Diverticulitis following stab wound of the lower abdomen a result of the fight with a knife in the hands of one Phillip Hantley, Col  
 Other contributory causes of importance: at 2nd and Carroll St. 9:30 p.m. Sept 23 1939  
 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 9/23, 1939  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. 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) [Signature] (Address) [Signature]

**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 with the above constitutes grounds for revocation of license.)**