

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

Do not use this space.

1. PLACE OF DEATH

County BARRY
Township 2nd
City Barfield, Mo. (No. 574)

Registration District No. 37
Primary Registration District No. 6th 201

File No. 19417
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____, St. _____, Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mr. Hunter Parks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 14 - 1867

7. AGE YEARS 66 MONTHS 10 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Dec 23 1934

11. Total time (years) spends in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seligen, Mo.

13. NAME Lot Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barfield, Mo.

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barfield, Mo.

17. INFORMANT Clie Peckford (ADDRESS) Barfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Den Cemetery DATE 7-2-1934

19. UNDERTAKER Barry & Shanks (ADDRESS) Barfield, Mo.

20. FILED 8/10 19 34 Jewell Koller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 30 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1934, to 6/28, 1934

I last saw him alive on 6/28, 1934 Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Pulmonary tuberculosis Date of onset unk.

Other contributory causes of importance: None

Name of operation none Date of _____

What test confirmed diagnosis: X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Beard Newman M. D.

(Address) Barfield, Mo.

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.

JUL 21 1934

