66

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH
County *Miller*
Township
City *Clear* (No. ....

Registration District No. *56/433*
Primary Registration District No. *5-75*

File No. *24304*
Registered No. *37*
.... St. .... Ward)

2. FULL NAME *John Martin Parkes*

(a) Residence, No. .... St., ... Ward.
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.   How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	*W*	*Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep. 8, 1860*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
6?	*76*	*9*	*11*	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*

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) *Missouri*

FATHER

13. NAME *Wm. J. Parkes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Carolina*

MOTHER

15. MAIDEN NAME *Jamima Ratcliff*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not Known*

17. INFORMANT (ADDRESS) *Donald Parkes* *Clear, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *High Point* DATE *June 20 37*

19. UNDERTAKER (ADDRESS) *Phillips Funeral Home* *Eldon*

20. FILED *6-22*, 19*37* *Belle Haynes* Registrar.

---

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 19, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *June 19*, 1937, to *June 19*, 1937.
I last saw him alive on *June 19*, 1937. Death is said to have occurred on the date stated above, at *11:40* p. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

85yr

Date of onset *6/19/37*

Other contributory causes of importance: *Arterio Sclerosis*

?

Name of operation .... 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? *No*
If so, specify ....

(Signed) *G. D. Walby*, M.D.
(Address) *Eldon, Mo*