

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

Do not use this space.

33374

File No. _____
Registered No. 219 St. _____ Ward _____

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 2014
City Jefferson City (No. _____) St. _____ Ward _____

2. FULL NAME

Ruelle E. Parkes
(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos M Parkes
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 1862
7. AGE
YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Athen Co
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Breece Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Amanda Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

14. INFORMANT Jos M Parkes
(Address) Samuel St

15. FILE 10.30.19.29 W Bedford
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1929, to Oct 9, 1929, that I last saw him alive on Oct 9, 1929, and that death occurred, on the date stated above, at 12:27 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis 17 Mo
1 1/2 Yr 12 Yr
(duration) 0 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Abuse of eye bladder
(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 9-29

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) J. D. Dylus M. D.

10/9, 1929 (Address) Jefferson City Mo
*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hippisville **DATE OF BURIAL** 10-13 1929

20. UNDERTAKER N. A. Meier **ADDRESS** Bonithon

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26
10/10/29

22-23-24

