

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

Do not use this space.

17732

**1. PLACE OF DEATH**  
 County Stoddard Registration District No. 282  
 Township Union Primary Registration District No. 3401  
 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME** Lena Parrent  
 (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. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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** J.R. Parrent  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** July 26-1871  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 10 - \_\_\_\_\_  
**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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 26 1929  
**17.** I HEREBY CERTIFY, That I attended deceased from March 30, 1929 to May 26, 1929 that I last saw her alive on May 125, 1929, and that death occurred, on the date stated above, at 3 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralysis Agitans

87B  
84B  
**CONTRIBUTORY (SECONDARY)** \_\_\_\_\_  
 \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED** Campbell Mo  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_  
 (DID AN OPERATION PRECEDE DEATH) NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO  
 WHAT TEST CONFIRMED DIAGNOSIS. T  
 (Signed) John L. Brown, M. D.  
 , 19 1929 (Address) Campbell 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.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ky.  
**10. NAME OF FATHER** J.W. Vaughan  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Ky.  
**12. MAIDEN NAME OF MOTHER** Amanda Martin  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Ill.

**14. INFORMANT** J.W. Parrent  
 (Address) Campbell Mo  
**15. FILED** 5/26, 1929 Tow Sanders  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Wood Lawn Cem. **DATE OF BURIAL** May 27 1929  
**20. UNDERTAKER** Tow Sanders Campbell  
 ADDRESS \_\_\_\_\_

K. 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.

JUN 25 1929

23  
2  
2  
2

