

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

Do not use this space.

15598

1. PLACE OF DEATH

County Lafayette

Registration District No. 461

Township Parsons

Primary Registration District No. 3024

City Parsons

File No. 42

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan - 3 - 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>33</u>	<u>4</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Lines man in Electric Co. (Parsons - Parsons Sewing Co.)
(c) Name of employer Parsons

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Parsons, Missouri

10. NAME OF FATHER

Mike Wholf

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Parsons, Mo.

12. MAIDEN NAME OF MOTHER

Eugene Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Parsons, Mo.

14. INFORMANT

(Address) Richard C. Wholf, 3923 Mill St., Parsons, Mo.

15. FILED

May 24 1927 G. D. Cape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 24 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____, 19____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Electrocuted, accidental.
Came in contact with a heavily charged wire on a pole while making a connection with another wire.

CONTRIBUTORY (SECONDARY)

193 196 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. D. Cape, Coroner of M. D.

May 27 1927 (Address) Lafayette Co. Mo. Lexington 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

DATE OF BURIAL

Parsons Mo May 25 1927

20. UNDERTAKER

ADDRESS

Charles F. Ferguson Parsons 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.

