

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

Do not use this space.

1. PLACE OF DEATH

County Boyer  
Township Boyer  
City Lawson (No. \_\_\_\_\_) St. \_\_\_\_\_ (Word)

Registration District No. 742  
Primary Registration District No. 5977a

File No. 19023  
Registered No. \_\_\_\_\_

2. FULL NAME

Mrs May B Parnevat  
(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May 28/85

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/2/3

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
81 | 2 | 3

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

9. BIRTHPLACE (CITY OR TOWN) Lepp  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER John Parnevat

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lepp  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Lepp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT (Address) John Parnevat  
Lawson Mo

15. FILED July 1, 1931 Edwin Shouse  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 11 1931, to May 31 1931, that I last saw him alive on May 31 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Intermittent Nephritis  
131

CONTRIBUTORY (SECONDARY) 131  
(duration) yrs. mos. ds. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no 1

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Edwin Shouse, M. D.  
, 19 (Address) Lawson 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 Lawson Mo DATE OF BURIAL June 4 1931

20. UNDERTAKER Edwin Shouse ADDRESS Lawson

N. B.—Every item of information should be carefully supplied. AGE KNOWN BY STATE EXAMINER. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28 1931

PARENTS

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